

Fall 12-15-2017

# Implementation of a Fruit and Vegetable Voucher Program in San Francisco

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## Recommended Citation

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**IMPLEMENTATION OF A FRUIT AND VEGETABLE VOUCHER PROGRAM IN SAN FRANCISCO**

A Capstone Project

Presented to

The faculty of the School of Nursing and Health Professions at the

University of San Francisco

San Francisco, California

Submitted in Partial Fulfillment of the Requirements for the Degree of Master in Public Health

By:

Alexandra Kambur

December 2017

**I. ABSTRACT:**

Chronic disease has emerged as the predominant public health challenge of the 21<sup>st</sup> century. Chronic diseases like cardiovascular disease, cancer, type 2 diabetes and obesity have maintained their top positions as the leading causes of poor health, disability, death, and high health-care expenditures for over a decade. Health and hunger go hand-in-hand. Today over 15 million households in the United States struggle with food insecurity, meaning they do not have sufficient access to food that meets their dietary needs for an active and healthy life. The issue of food insecurity in cities like San Francisco, California is exacerbated by the high cost of living and food prices over 20% higher than the national average. Dr. Hilary Seligman, a national expert on food insecurity and an advocate for strategic upstream interventions to support healthy dietary intake and food security in low-income communities, launched EatSF in 2015. EatSF is a free fruit and vegetable voucher program designed for low-income San Franciscans living in the Tenderloin, South of Market and Bayview Hunter's Point neighborhoods, the neighborhoods with the highest health disparities, poverty rates, and greatest food accessibility challenges in the city. EatSF is part of the UCSF Center for Vulnerable Populations' Food Policy, Health, and Hunger Research Program. The program has achieved rapid success and will soon be expanding to Vouchers4Veggies as it works to serve as a model for national replication. My internship experience with EatSF is highlighted in this Master's Project and Capstone. In addition, background information on the domestic hunger safety net, a review synthesizing current literature on fruit and vegetable voucher programs, food prescription programs, and double-value "matching" programs, and policy implications and recommendations specific to long-term program funding through sugar-sweetened beverage taxes are included.

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### III. INTRODUCTION:

*When I wake up in the morning, I try to find something healthy to eat for breakfast. My life looks different because I have to really watch my eating habits. In 2008, I was diagnosed as a diabetic. When you are a diabetic it's kinda critical. You can't eat a lot of starches and things like that. It's an adjustment. It really is. EatSF, it's a blessing. The vouchers have changed my intake on fruits and vegetables dramatically. I typically shop at a store around the corner called Amigos. The fruit and vegetables kinda jump out at me. Cantaloupes, oranges. Feel the melons, feel the tomatoes. Make sure everything is fresh. I am able to eat fruits and vegetables on a daily basis. I have choices. Makes me feel a lot more independent. Like I am able to do things that I wasn't in the past.<sup>1</sup>*

Arthur lives in the Tenderloin neighborhood of San Francisco, a downtown community notorious for homelessness, crime, drug use and prostitution. The social conditions in the Tenderloin mimic those across the country in poor urban city-centers where access to healthy and nutritious food is limited. Dr. Hilary Seligman, a national expert on food insecurity and an advocate for strategic upstream interventions to support healthy dietary intake and food security in low-income communities, launched EatSF in 2015.<sup>2</sup> EatSF is a free fruit and vegetable voucher program designed for low-income San Franciscans living in the Tenderloin, South of Market and Bayview Hunter's Point neighborhoods, the neighborhoods with the highest health disparities, poverty rates, and greatest food accessibility challenges in the city. In terms of demographics, 31% of EatSF participants identify as Asian, 24% as African American and 20% as Latino or Latina.<sup>3</sup> The majority of EatSF participants are seniors living in poverty with a chronic disease diagnoses: 71% of EatSF participants are seniors age 50 and above, 88% have a chronic

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<sup>1</sup> EatSF. (2016). Key Informant Interviews with Participants. Arthur.

<sup>2</sup> EatSF. (2017). About Us. Retrieved September 29, 2017 from <http://eatsfvoucher.org/about-us/>

<sup>3</sup> Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H. (2017). Implementation of a Community Fruit and Vegetable Voucher Program in San Francisco. Academic poster presented at: APHA 2017 Annual Meeting and Expo in Atlanta, Georgia.

disease diagnosis, 78% live in extreme poverty, 77% have low or very low food security, 69% are supplement security income (SSI) recipients that are ineligible for CalFresh, and 26% are residents of single-room occupancy buildings, known as SROs or SRO Hotels.<sup>4</sup>

EatSF's mission is to "improve the health and wellbeing of vulnerable populations as well as build community, reduce long-term health expenses, and support local economies by providing free healthy food vouchers redeemable at local retailers."<sup>5</sup> EatSF distributes vouchers to participants through established community organizations and clinics, like the Tom Waddell Urban Health Clinic in the Tenderloin. A Tom Waddell physician explained how the vouchers have positively impacted their patients; "You can tell people about eating well, but it's another thing to provide them with an actual resource to improve their health. It's tangible. We don't often find that."<sup>6</sup> EatSF has served over 6,000 households since 2015 and infused over \$750,000 in fruit and vegetable purchases in underserved neighborhoods.<sup>7</sup> Their program is scalable and has the potential to serve as a national model. In 2018, EatSF will implement a pilot program in Los Angeles, CA and officially transition to "Vouchers4Veggies." In addition to the fruit and vegetable voucher program, EatSF is involved in two major research studies: The Coupons for Healthy Intake using Variable Economic Strategies, known as CHIVES, and a Preterm Birth Initiative with the City and County of San Francisco. The CHIVES research study is a 5-year study led by Dr. Sanajay Basu of Stanford University and Dr. Hilary Seligman of UCSF and funded by the National Institute of Health. CHIVES is comparing the effectiveness of targeted vouchers

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<sup>4</sup> Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H. (2017).

<sup>5</sup> EatSF. (2017). About Us. Retrieved September 29, 2017 from <http://eatsfvoucher.org/about-us/>

<sup>6</sup> EatSF. (2017). Success Stories. Tom Waddell Urban Health Clinic: Champions for Health in the Tenderloin. Retrieved September 12, 2017 from <http://eatsfvoucher.org/success-stories/tom-waddell-urban-health-clinic-champions-for-health/>

<sup>7</sup> EatSF. (2017). September 2017 Leadership Team PowerPoint.

exclusively for fruits and vegetables and vouchers valid for any CalFresh-eligible items in improving the nutrition of low-income individuals. The study is also analyzing theories which suggest that providing smaller installments of time-limited vouchers throughout the month balances food consumption and better addresses the cyclical nature of food insecurity than lump sum vouchers distributed monthly.<sup>8</sup> With funding from the California Preterm Birth Initiative, EatSF is evaluating the impact weekly \$10 fruit and vegetable vouchers have on food security and birth outcomes in low-income pregnant mothers in San Francisco.<sup>9</sup> The results of these studies in addition to program data from EatSF will provide the public health community with much needed outcomes data on the effectiveness of fruit and vegetable voucher programs.

#### **A. The Public Health Issue:**

In the United States, over 15 million households struggle with food insecurity.<sup>10</sup> In California, one in eight households and one in four children face food insecurity.<sup>11</sup> Despite America's wealth, 33% of adults living with chronic disease struggle to pay for food and medicine.<sup>12</sup> The World Summit of Food described food security in 1996 as "everyone, at all times, having physical and economic access to sufficient, safe, nutritious food that meets their

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<sup>8</sup> EatSF. (2017). Chives Research Program. Retrieved November 19, 2017 from <http://eatsfvoucher.org/our-programs/chives/>

<sup>9</sup> EatSF. (2017). Nutrition for Pregnant Women. Retrieved November 19, 2017 from <http://eatsfvoucher.org/our-programs/pregnant-women/>

<sup>10</sup> Rabbitt, M., Coleman-Jensen, C., Gregory, C. (2016). Understanding the Prevalence, Severity, and Distribution of Food Insecurity in the United States. Retrieved September 9, 2017 from <https://www.ers.usda.gov/amber-waves/2017/september/understanding-the-prevalence-severity-and-distribution-of-food-insecurity-in-the-united-states/>

<sup>11</sup> California Association of Food Banks. (2017). Hunger in CA. Retrieved November 3, 2017 from <https://www.cafoodbanks.org/Hunger-in-CA>

<sup>12</sup> Berkowitz, S. A., Seligman, H. K., & Choudhry, N. K. (2014). Treat or eat: food insecurity, cost-related medication underuse, and unmet needs. *The American journal of medicine*, 127(4), 303-310.

dietary needs for an active and healthy life.”<sup>13</sup> Food security is typically measured by a household’s ability to afford food and currently, over 12% of US households are not able to do so.<sup>14</sup> The issue of food insecurity in cities like San Francisco is compounded by the high cost of living and exacerbated cost of food. According to the Council for Community and Economic Research, the cost of food in San Francisco is over 20% higher than the national average.<sup>15</sup> The US Department of Agriculture defines food insecurity as a “household-level economic and social condition of limited or uncertain access to adequate food.”<sup>16</sup> Across the United States there are similarities among food insecure households including socioeconomic indicators, demographic factors, as well as patterns of disease.<sup>17</sup> Communities of color are disproportionately impacted by food insecurity. African American and Latino households face hunger at higher rates than white, non-Hispanic households. According to Feeding America, the 10 counties with the highest rates of food insecurity have populations that are at least 65% African American, 70% of which are located in Mississippi.<sup>18</sup> Food insecurity is an important determinant of health and

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<sup>13</sup> Food and Agriculture organization (FAO). (1996). Rome Declaration on World Food Security and World Food Summit Plan of Action. Rome.

<sup>14</sup> USDA. (2017). Household Food Security in the United States. Retrieved September 13, 2017 from <https://www.ers.usda.gov/publications/pub-details/?pubid=84972>

<sup>15</sup> Smart Asset. (2017). What is the true cost of living in San Francisco? Retrieved November 25, 2017 from <https://smartasset.com/mortgage/what-is-the-cost-of-living-in-san-francisco>

<sup>16</sup> USDA ERS. (2017). Definitions of Food Security. Retrieved September 13, 2017 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/>

<sup>17</sup> Cook, J. T., Black, M., Chilton, M., Cutts, D., de Cuba, S. E., Heeren, T. C., ... & Weiss, I. (2013). Are food insecurity’s health impacts underestimated in the US population? Marginal food security also predicts adverse health outcomes in young US children and mothers. *Advances in Nutrition: An International Review Journal*, 4(1), 51-61.

<sup>18</sup> Feeding America. (2017). African American Hunger Facts. Retrieved November 19, 2017 from <http://www.feedingamerica.org/hunger-in-america/african-american-hunger-facts.html>

evidence is quickly growing to support the relationship between food insecurity and physical, mental and social health.<sup>19</sup>

Chronic disease has emerged as the predominant public health challenge of the 21<sup>st</sup> century. Chronic diseases like cardiovascular disease, cancer, type 2 diabetes and obesity have maintained their top positions as the leading causes of poor health, disability, death, and high health-care expenditures for over a decade.<sup>20</sup> According to the CDC, cardiovascular disease cost the nation over \$316 billion in 2012 and 2013.<sup>21</sup> Food-insecure populations are dependent on inexpensive, energy dense foods which increases risks for weight gain and the development of chronic conditions.<sup>22,23</sup> Food insecurity is cyclical. Over time, a pattern emerges: households binge on energy dense foods in anticipation of future shortages and miss meals when money runs low. There is also evidence suggesting that the lived experience of food insecurity activates a stress response which increases the likelihood of chronic disease development.<sup>24</sup> This may be especially true for adolescent girls experiencing food insecurity during critical times in their development. Like food insecurity, communities of color are at a greater risk of chronic disease development like obesity and diabetes than their white, non-Hispanic counterparts. The prevalence of diabetes and obesity is higher for Hispanics and African Americans than for

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<sup>19</sup> Gucciardi, E., Vahabi, M., Norris, N., Del Monte, J. P., & Farnum, C. (2014). The intersection between food insecurity and diabetes: a review. *Current nutrition reports*, 3(4), 324-332.

<sup>20</sup> CDC. (2017). Chronic Disease Prevention and Health Promotion: Chronic Disease Overview. Retrieved August 10, 2017 from <https://www.cdc.gov/chronicdisease/overview/index.htm>

<sup>21</sup> CDC. (2017).

<sup>22</sup> Adams EJ, Grummer-Strawn L, Chavez G. Food insecurity is associated with increased risk of obesity in California women. *J Nutr*. 2003;133(4):1070–4. [PubMedGoogle Scholar](#)

<sup>23</sup> Laraia, B. A. (@013). Food insecurity and chronic disease. *Advances in Nutrition: An International Review Journal*, 4(s), 203-212.

<sup>24</sup> Scott KA, Melhorn SJ, Sakai RR. Effects of Chronic Social Stress on Obesity. *Current obesity reports*. 2012;1(1):16-25. doi:10.1007/s13679-011-0006-3.

whites.<sup>25</sup> In San Francisco, CA for example, 46% of the population is overweight or obese, including 61.7% of Hispanics and 51.3% of African Americans.<sup>26</sup> According to the NAACP, one-in-three children born after the year 2000 are expected to develop diabetes in their lifetime, for Latino and African American youth, however, that number increases to one-in-two.<sup>27</sup>

In the United States, more than one-in-three adults, approximately 92 million people, have at least one type of cardiovascular disease. According to self-reported data captured by the CDC's Nutrition, Physical Activity and Obesity: Data, Trends and Maps database, in 2015, 37% of adolescents and 40% of adults ate fruit less than one time per/day and 39% of adolescents and 22% of adults ate vegetables less than one time per/day.<sup>28</sup> Historically, poverty has been concentrated in rural communities and the urban centers of major cities. The geography of poverty in the United States however is changing. Between 2000 and 2015, the poor populations in small metropolitan areas and suburbs grew at double the pace to those populations in rural communities and city-centers.<sup>29</sup> Increases in the burden of chronic disease and risk factors like poverty and other socioeconomic indicators suggest the urgent need for prevention, innovative public health programming and the development of policies that support an equitable and economically viable food system.

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<sup>25</sup> Feeding America. (2017). Latino Hunger Fact Sheet. Retrieved November 19, 2017 from <http://www.feedingamerica.org/assets/pdfs/fact-sheets/latino-hunger-fact-sheet.pdf>

<sup>26</sup> Sugary Drinks Distributor Tax Ordinance. (2017). San Francisco, CA.

<sup>27</sup> NAACP. (2017). 2010 Program Toolkit. Retrieved November 19, 2017 from [http://naacd.3cdn.net/6eeae976eb8324d0b\\_mlbrszgil.pdf](http://naacd.3cdn.net/6eeae976eb8324d0b_mlbrszgil.pdf)

<sup>28</sup> CDC. (2017). Nutrition, Physical Activity and Obesity: Data, Trends and Maps. Explore by Topic. Fruits and Vegetables. Retrieved, August 10, 2017 from [https://nccd.cdc.gov/dnpao\\_dtm/rdPage.aspx?rdReport=DNPAO\\_DTM.ExploreByTopic&isClass=FV&go=GO](https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByTopic&isClass=FV&go=GO)

<sup>29</sup> Brookings Institution. (2017). The Changing Geography of US Poverty. Testimony before the House Ways and Means Committee, Subcommittee on Human Resources, February 15, 2017. Retrieved September 13, 2017 from <https://www.brookings.edu/testimonies/the-changing-geography-of-us-poverty/>

**IV. BACKGROUND:**

The U.S. government operates a variety of food and nutrition programs which serve as the backbone of the domestic hunger safety net. The Food and Nutrition Services (FNS) agency of the United States Department of Agriculture's Food, Nutrition, and Consumer Services is responsible for administering 15 federal nutrition assistance programs. The three largest and most widely available programs include the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program (NSLP). See Table 1.0 below for program participation and cost summaries of SNAP, WIC and NSLP. Other programs include: The Emergency Food Assistance Program (TEFAP), the Commodity and Supplemental Food Program (CSFP), the Food Distribution Program on Indian Reservations (FDPIR), the Child and Adult Care Food Program (CACFP), Fresh Fruit and Vegetable Program (FFVP), the School Breakfast Program (SBP), the Special Milk Program (SMP), the Summer Food Service Program (SFSP), the Farmers' Market Nutrition Program (FMNP), and the Senior Farmers' Market Nutrition Program (SFMNP).

**Table 1.0** SNAP, WIC and NSLP: Program Participation and Cost Summary. A snapshot of participation and cost from year of implementation to 2016.

SNAP <sup>30</sup>			WIC <sup>31</sup>			NSLP <sup>32, 33</sup>		
Year	Number of Participants	Cost Summary (millions)	Year	Number of Participants	Cost Summary (millions)	Year	Number of Children Served	Cost Summary (millions)
1969	2,878,000	\$250.50	1974	88,000	\$10.4	1970	22,400,00	\$679.4
1980	21,082,000	\$9,206.50	1980	1,181,000	\$727.7	1980	26,600,600	\$3,616.9
1990	20,049,000	\$15,447.26	1990	4,517,000	\$2,122.4	1990	21,1000,000	\$4,449.5
2000	17,194,000	\$17,054.02	2000	7,192,000	\$3,982.1	2000	27,300,000	\$7,556.8
2010	40,302,000	\$68,283.47	2010	9,175,000	\$6,689.9	2010	31,800,000	\$13,750.8
2016	44,219,000	\$70,928.78	2016	7,696,000	\$5,966.7	2016	30,400,000	\$17,789.5

The Supplemental Nutrition Assistance Program, known as SNAP, is currently the largest nutrition assistance program. The Food Stamp Program was established in 1964 with the passing of the Food Stamp Act. The program rapidly expanded from half a million participants in 1965 to over 44 million participants in 2016.<sup>34</sup> The Food, Conservation and Energy Act of 2008 known as the “Farm Bill” renamed the Food Stamp Program the “Supplemental Nutrition Assistance Program” (SNAP) and replaced references to “stamp” and “coupon” to “card” and “EBT”, in reference to the Electronic Benefit Card.<sup>35</sup> The 2014 Farm Bill articulated \$489 billion in mandatory spending, 80% of which is to be dedicated to nutrition programs like SNAP.<sup>36</sup>

<sup>30</sup> USDA. (2017). National Level Annual Summary. SNAP Program Participation and Costs. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/pd/SNAPsummary.pdf>

<sup>31</sup> USDA. (2017). National Level Annual Summary. WIC Program Participation and Costs. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/pd/wisummary.pdf>

<sup>32</sup> USDA. (2017). National School Lunch Program. Fact Sheet. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf>

<sup>33</sup> USDA. (2017). National Level Annual Summary. Federal Cost of School Lunch Programs. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/pd/cncost.pdf>

<sup>34</sup> USDA. (2017). National Level Annual Summary. SNAP Program Participation and Costs. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/pd/SNAPsummary.pdf>

<sup>35</sup> Rosenbaum, Dottie. (2008). Food Stamp Provisions of the Final 2008 Farm Bill. *Center on Budget and Policy Priorities*. Retrieved September 17, 2017 from <https://www.cbpp.org/research/food-stamp-provisions-of-the-final-2008-farm-bill>

<sup>36</sup> USDA. (2017). Projected Spending Under the 2014 Farm Bill. Retrieved November 19, 2017 from <https://www.ers.usda.gov/topics/farm-economy/farm-commodity-policy/projected-spending-under-the-2014-farm-bill/>



The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) mandated that all states adopt EBT cards by 2002. Today SNAP participants use their EBT cards much like a debit card to purchase groceries at participating stores. SNAP benefits cannot be used to buy nonfood items like household supplies or cosmetics, alcoholic beverages, tobacco, vitamins, medicines, or hot foods.<sup>37</sup> The Supplemental Nutrition Assistance Program is a federal program that is implemented at the state level. In California, we know SNAP as CalFresh. California currently serves over 4 million people each month and issues approximately \$8 billion in CalFresh benefits annually.<sup>38</sup> Recently, the Food and Nutrition Services agency approved the California Department of Social Services Request to operate D-SNAP, disaster supplement nutrition assistance program, in Butte, Lake, Mendocino, Napa, Nevada, Sonoma and Yuba Counties due to the multiple wildfires that devastated the Northern California region in early October of 2017.<sup>39</sup>

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered at the federal level by the USDA which provides grants to states for “supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.” The program was permanently established in

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<sup>37</sup> USDA. (2017). Facts About SNAP. Retrieved September 17, 2017 from <https://www.fns.usda.gov/snap/facts-about-snap>

<sup>38</sup> CA CDSS (2016). Program Overview: CDSS CalFresh Branch. PowerPoint Presentation. Retrieved November 19, 2017 from <http://www.cdss.ca.gov/cdssweb/entres/pdf/legislature/CalFreshOverviewMarch2016.pdf>

<sup>39</sup> USDA. (2017). Disaster Supplemental Nutrition Assistance Program (D-SNAP) – California – 7 Counties – Approval. Letter to Jesus Mendoza, Regional Administrator of the Western Regional Office. Retrieved November 19, 2017 from <http://www.cdss.ca.gov/Portals/9/CalFresh/D-SNAP%20%E2%80%93%20California%20%E2%80%93%207%20Counties%20%E2%80%93%20Approval.pdf?ver=2017-10-20-165411-220>

October of 1975 when Congress passed P.L. 94-104.<sup>40</sup> WIC was designed to be a short-term intervention to work in combination with food stamps to help protect the health of women, infants and children. WIC participants can purchase fruits and vegetables, commercially prepared baby fruits, vegetables and meat, milk, whole grain cereal, whole wheat bread, light tuna, salmon, sardines, maceral, canned and dry beans, peanut butter, cheese, juice, eggs, and iron fortified infant formula with their monthly prescription funds.<sup>41</sup> In 2016 there were over 7 million WIC participants per month, of which 3.98 million were children, 1.88 million were infants, and 1.84 million were women.<sup>42</sup> According to the USDA website, WIC currently serves 53% of all infants born in the United States.<sup>43</sup>

In 2005, the Institute of Medicine recommended that the WIC food package be revised to better align with the Dietary Guidelines for Americans and in 2007, the WIC Cash Value Voucher (CVV) program was implemented. CVVs or CVBs (electronic cash value benefits) are issued to WIC participants monthly and can only be used to purchase fruits and vegetables. Currently, children are allocated \$8.00 per month and pregnant, postpartum, and breastfeeding women are allocated \$11.00 per month.<sup>44</sup> In 2011, Gleason and Poller evaluated WIC redemption patterns in Wisconsin one month prior to the implementation of CVV checks and 6,

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<sup>40</sup> USDA. (2017). The WIC Program: Background, trends, and issues. Retrieved September 17, 2017 from [https://www.ers.usda.gov/webdocs/publications/46648/15841\\_fanrr27\\_1\\_.pdf?v=41063](https://www.ers.usda.gov/webdocs/publications/46648/15841_fanrr27_1_.pdf?v=41063)

<sup>41</sup> National WIC Association. (2017). WIC Monthly Food Prescription. Retrieved September 17, 2017 from [http://s3.amazonaws.com/aws.upl/nwica.org/wic\\_food\\_package.pdf](http://s3.amazonaws.com/aws.upl/nwica.org/wic_food_package.pdf)

<sup>42</sup> USDA. (2017). Frequently Asked Questions About WIC. Retrieved September 17, 2017 from <https://www.fns.usda.gov/wic/frequently-asked-questions-about-wic>

<sup>43</sup> USDA. (2017). About WIC – WIC at a Glance. Retrieved September 17, 2017 from <https://www.fns.usda.gov/wic/about-wic-wic-glance>

<sup>44</sup> USDA. (2017). Redeeming WIC Benefits at California's Farmers' Markets. Retrieved September 23, 2017 from <https://www.ers.usda.gov/amber-waves/2017/july/redeeming-wic-benefits-at-california-farmers-markets/>

12 and 18 months' post-implementation.<sup>45</sup> Using quantitative data from grocery store POS systems and qualitative data from focus group interviews, Gleason and Poller found that 77% of WIC participants utilized their CVV checks to purchase fruits and vegetables and that overall, there were high levels of satisfaction with the new food package.<sup>46</sup> In 2014, California distributed \$87.6 million worth of CVV benefits to WIC participants.<sup>47</sup>

The National School Lunch Program (NSLP) provides participating school districts and independent schools with cash subsidies and USDA foods. Participating schools are required to serve low-cost and free lunches that meet federal nutrition requirements to eligible children.<sup>48</sup> Eligibility is based on household income and family size in addition to certain "categorical" eligibilities like participation in SNAP or a child's status as homeless, migrant, runaway or foster child.<sup>49</sup> The program was established under the National School Lunch Act in 1946 and currently serves over 30 million children. In California, the state agency responsible for overseeing the National School Lunch Program is the California Department of Education.

Recently efforts have been made to improve access to information on emergency food programs and improve food security among low-income populations in California. In July of 2017, California Assembly Bill 323, known as the County Human Services Information and Referral Modernization Act of 2017, passed authorizing county human services agencies to

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<sup>45</sup> Gleason, S., Pooler, J., & Assistance, F. (2011). *The effects of changes in WIC food packages on redemptions*. USDA, FANRP.

<sup>46</sup> Gleason, S., Pooler, J., & Assistance, F. (2011).

<sup>47</sup> USDA. (2017). Redeeming WIC Benefits at California's Farmers' Markets. Retrieved September 23, 2017 from <https://www.ers.usda.gov/amber-waves/2017/july/redeeming-wic-benefits-at-california-farmers-markets/>

<sup>48</sup> USDA. (2017). National School Lunch Program. Retrieved September 17, 2017 from <https://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

<sup>49</sup> USDA. (2017). National School Lunch Program. Fact Sheet. Retrieved September 17, 2017 from <https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf>

refer CalFresh applicants and recipients to 2-1-1, a free phone and online database service available 24 hours a day, 7 days a week and in 150 languages, to access information on emergency food providers and supplemental food assistance programs.<sup>50</sup> Previously, county welfare departments were required to maintain an up-to-date list of emergency food providers. The 2-1-1 service connects individuals to rent and mortgage assistance, food, shelter, healthcare, job training, transportation, child care and senior care. In 2016, approximately 1.5 million Californians utilized 2-1-1 to get help accessing local services.<sup>51</sup> In addition, the U.S. Department of Agriculture awarded the California Department of Agriculture's Nutrition Incentive Program with a \$3.9 million Food Insecurity Nutrition Incentive grant.<sup>52</sup> This grant will be used to further expand Market Match, which offers SNAP shoppers extra buying power when they purchase fruits and vegetables at farmers' markets.

## V. LITERATURE REVIEW:

Studies show that coupons, vouchers, and discounts that reduce food prices and increase the purchasing power of low-income communities, positively impact healthy food consumption.<sup>53</sup> This review synthesizes the current literature on fruit and vegetable voucher programs, food prescription programs, and double-value "matching" programs. These programs are multi-faceted, linking participants to community resources and providing critical financial tools to support long-term behavior change. The literature suggests that fruit and

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<sup>50</sup> Assem. Bill 323. (2017-2018) Reg. Sess., Cal. Stat.

<sup>51</sup> Assem. Bill 323. (2017-2018) Reg. Sess., Cal. Stat.

<sup>52</sup> Ecology Center. (2017). USDA Awards Nations' Largest Grant to Expand California Healthy Eating Program to More Farmers' Markets. Retrieved November 3, 2017 from <https://ecologycenter.org/blog/usda-awards-nations-largest-grant-to-expand-california-healthy-eating-program-to-more-farmers-markets/>

<sup>53</sup> Glanz, K., & Yaroch, A. L. (2004). Strategies for increasing fruit and vegetable intake in grocery stores and communities: policy, pricing, and environmental change. *Preventive medicine*, 39, 75-80.

vegetable voucher programs increase F&V consumption among low-income women, pregnant women, and poor rural Mexican-heritage households. Food prescription programs, healthy food prescriptions distributed by healthcare professionals, are utilized by low-income populations and result in increased fruit and vegetable consumption and improvements in health outcomes. Finally, double-value “matching” programs improve the accessibility and affordability of fruits and vegetables. Additional research is needed to support the efficacy of these programs and articulate best practices.

The Food and Nutrition Services (FNS) agency of the United States Department of Agriculture’s Food, Nutrition, and Consumer Services is responsible for administering fifteen federal nutrition assistance programs including programs like SNAP and WIC, which provide low-income populations with financial resources to purchase food. When the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was first implemented in the mid-1970’s, the program was tailored to address undernutrition in low-income populations. Evidence affirming the importance of fruit and vegetable intake sparked interest in exploring new supplement options. A 2001 non-equivalent control group study evaluated the effectiveness of a fruit and vegetable voucher program among 602 postpartum WIC participants in Los Angeles, CA.<sup>54</sup> Of the 602 participants, 89.1% were Hispanic, 5.9% African American, 2.8% non-Hispanic White, 1.9% Asian American, and 0.2% Native American with a mean household income of \$1,233 per/month.<sup>55</sup> Participants were separated into three groups,

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<sup>54</sup> Herman, D. R., Harrison, G. G., Afifi, A. A., & Jenks, E. (2008). Effect of a targeted subsidy on intake of fruits and vegetables among low-income women in the Special Supplemental Nutrition Program for Women, Infants, and Children. *American journal of public health*, 98(1), 98-105.

<sup>55</sup> Herman, D. R., Harrison, G. G., Afifi, A. A., & Jenks, E. (2008).

one control group and two intervention groups (supermarket and farmers' market). Fruit and vegetable vouchers, totaling \$40.00 per/month, were issued bi-monthly to participants in the intervention groups. The study found that 90% of vouchers were redeemed and that women in both intervention groups increased their F&V intake substantially.<sup>56</sup> Herman et al., analyzed the impact of fruit and vegetable vouchers on the urban, mostly Hispanic, population and concluded that the vouchers were highly utilized by WIC participants and increased F&V intake in both the farmers' market and supermarket intervention groups by 2.4 and 0.9 servings, respectively.<sup>57</sup> This average increase of 1.65 servings of F&Vs is enough for immediate, positive health impacts.<sup>58</sup> Importantly, the authors found that women in the treatment groups maintained their increase in fruit and vegetable consumption six months' post-intervention.<sup>59</sup> These results are cited alongside the Institute of Medicine's 2005 recommendation for WIC to update its food package as the cornerstones of the WIC CVV program; the cash-value voucher program for fruits and vegetables that was implemented in 2007.

A similar study measured the effectiveness of a voucher program in increasing fruit and fruit juice intake among pregnant women in Wales.<sup>60</sup> The study included 190 low-income pregnant women, who were randomly assigned to treatment and control groups. The control groups received usual care while the treatment groups received in-person consultations and

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<sup>56</sup> Herman, D. R., Harrison, G. G., Afifi, A. A., & Jenks, E. (2008).

<sup>57</sup> Herman, D. R., Harrison, G. G., Afifi, A. A., & Jenks, E. (2008).

<sup>58</sup> Oyeboode, O., Gordon-Dseagu, V., Walker, A., & Mindell, J. S. (2014). Fruit and vegetable consumption and all-cause, cancer and CVD mortality: analysis of Health Survey for England data. *J Epidemiol Community Health*, jech-2013.

<sup>59</sup> Herman, D. R., Harrison, G. G., Afifi, A. A., & Jenks, E. (2008).

<sup>60</sup> Burr, M. L., Trembeth, J., Jones, K. B., Geen, J., Lynch, L. A., & Roberts, Z. E. S. (2007). The effects of dietary advice and vouchers on the intake of fruit and fruit juice by pregnant women in a deprived area: a controlled trial. *Public health nutrition*, 10(6), 559-565.

reading materials on the importance of fruit and fruit juice consumption or vouchers for 100% orange juice supplied by a milk delivery service. Surveys were used to collect data at baseline and 16, 20 and 32 weeks of pregnancy. In addition, serum  $\beta$ -carotene levels were tested pre-intervention and at the 16, 20 and 32 week intervals. Burr et al., found a decrease in  $\beta$ -carotene levels in the control group, no change among the advice group, and a significant increase from 106.2 to 141.8  $\mu\text{mmol}^{-1}$  in the voucher group.<sup>61</sup> The study suggests that advice and reading materials had little, if any impact on fruit and fruit juice intake, while vouchers had a “substantial and maintained increase” on fruit juice consumption among pregnant women.<sup>62</sup> The influence free delivery had on fruit juice consumption among the voucher treatment group was not specified. For the purposes of this study, the authors focused on fruit and fruit juice consumption because cooking was not required.<sup>63</sup> During pregnancy it is especially important that women meet recommended daily intake of fruits and vegetables. Sufficient intake of  $\beta$ -carotene helps maintain adequate vitamin A status during pregnancy, which plays an important role in fetus development.<sup>64</sup> The results from this study suggest that fruit juice vouchers may help improve birth outcomes in underserved populations.

In 2012, the *Niños Sanos, Familia Sana* (Healthy Children, Healthy Family) research project assessed how rural, Mexican-heritage households living in the Central Valley of California would use fruit and vegetable vouchers. The study included 227 households, of which

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<sup>61</sup> Burr, M. L., Trembeth, J., Jones, K. B., Geen, J., Lynch, L. A., & Roberts, Z. E. S. (2007).

<sup>62</sup> Burr, M. L., Trembeth, J., Jones, K. B., Geen, J., Lynch, L. A., & Roberts, Z. E. S. (2007).

<sup>63</sup> Burr, M. L., Trembeth, J., Jones, K. B., Geen, J., Lynch, L. A., & Roberts, Z. E. S. (2007).

<sup>64</sup> US Department of Health and Human Services. (1990). Healthy People 2000: National Health Promotion and Disease Prevention Objectives-Nutrition Priority Area. *Nutrition Today*, 25(6), 29-39.

94% were WIC participants.<sup>65</sup> Households in two communities were matched based on demographic factors and environmental characteristics and randomly assigned to intervention and control groups.<sup>66</sup> Households in the intervention group received \$25.00 of fruit and vegetable vouchers per/month on an electronic benefit transfer card that could be used at one local store on WIC CVV eligible produce. The study used POS technology and EBT cards to catalogue fruit and vegetable purchases. Hanbury et al., found that fruit accounted for 45% of voucher purchases and other vegetables like tomatillos, chayote, chilis/jalapeño peppers, and Mexican squash accounted for 33% of voucher purchases.<sup>67</sup> The five most commonly purchased items were bananas, apples, tomatoes, avocados and mangos.<sup>68</sup> Many of the F&Vs most commonly purchased were those of cultural significance to this population, highlighting the importance of ensuring participant choice. Similar results might be found among different ethnic groups. Fruit and vegetable voucher programs should ensure that participants are able to purchase familiar fruits and vegetables. Although fruit and vegetable intake was not formally analyzed, Herman et al. assert that the produce purchased was of high nutrient density and positively impacted F&V consumption in this underserved population.<sup>69</sup>

Prescription vouchers are a new model being used to integrate health care and community resources to support underserved populations and individuals with diet-related

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<sup>65</sup> Hanbury, M. M., Gomez-Camacho, R., Kaiser, L., Sadeghi, B., & de la Torre, A. (2017). Purchases Made with a Fruit and Vegetable Voucher in a Rural Mexican-Heritage Community. *Journal of Community Health*, 1-7.

<sup>66</sup> Hanbury, M. M., Gomez-Camacho, R., Kaiser, L., Sadeghi, B., & de la Torre, A. (2017).

<sup>67</sup> Hanbury, M. M., Gomez-Camacho, R., Kaiser, L., Sadeghi, B., & de la Torre, A. (2017).

<sup>68</sup> Hanbury, M. M., Gomez-Camacho, R., Kaiser, L., Sadeghi, B., & de la Torre, A. (2017).

<sup>69</sup> Hanbury, M. M., Gomez-Camacho, R., Kaiser, L., Sadeghi, B., & de la Torre, A. (2017).



chronic diseases.<sup>70</sup> A study conducted in the United Kingdom assessed fruit and vegetable vouchers and “five-a-day” consumption messaging as part of a primary care intervention in Castlefield ward, an impoverished inner-city area in Manchester.<sup>71</sup> Fruit and vegetable prescriptions were distributed by medical professionals to patients over the age of 16 at Castlefields Health Centre. Staff distributed over 1,000 vouchers to patients and used a telephone-based questionnaire to evaluate fruit and vegetable purchasing behavior. Buyuktuncer et al., found that 76.2% of participants utilized their vouchers to purchase fruits and vegetables.<sup>72</sup> A similar study completed in France assessed the impact of dietary-advice and dietary-advice-plus fruit and vegetable voucher distribution among 302 low-income adults between the ages of 18 and 60. At baseline all participants received dietary advice, specifically the “five-a-day” F&V messaging. Participants were then randomized into a dietary advice only group and a dietary-advice-plus F&V voucher group. The dietary advice only group received no further intervention while the voucher group received monthly fruit and vegetable vouchers. Bihan et al. found that mean fruit and vegetable consumption increased in both groups however, participants in the voucher group had a significant decreased risk of low fruit and vegetable consumption, defined as less than or equal to 1 time per/day, compared to those in the advice-only group.<sup>73</sup>

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<sup>70</sup> Goddu, A. P., Roberson, T. S., Raffel, K. E., Chin, M. H., & Peek, M. E. (2015). Food Rx: a community–university partnership to prescribe healthy eating on the South Side of Chicago. *Journal of prevention & intervention in the community*, 43(2), 148-162.

<sup>71</sup> Buyuktuncer, Z., Kearney, M., Ryan, C. L., Thurston, M., & Ellahi, B. (2014). Fruit and vegetables on prescription: a brief intervention in primary care. *Journal of human nutrition and dietetics*, 27(s2), 186-193.

<sup>72</sup> Buyuktuncer, Z., Kearney, M., Ryan, C. L., Thurston, M., & Ellahi, B. (2014).

<sup>73</sup> Bihan, H., Mejean, C., Castetbon, K., Faure, H., Ducros, V., Sedeaud, A., ... & Hercberg, S. (2012). Impact of fruit and vegetable vouchers and dietary advice on fruit and vegetable intake in a low-income population. *European journal of clinical nutrition*, 66(3), 369.

Food prescription programs are new, but becoming more popular in the United States due in part to the passing of the Affordable Care Act and the 2014 Farm Bill which included new funding for the Food Insecurity Nutrition Program, which provides grants to organizations improving healthy food access.<sup>74</sup> The Fresh Prescription Program in Detroit has been providing patients with fruit and vegetable prescriptions since 2013. According to their 2015 outcomes report, 90% of participants were able to better “manage their health conditions” since participating in the Fresh Prescription Program and diabetic patients experienced significant improvements in blood sugar levels.<sup>75</sup> In addition, 88% of participants reported eating more fruits and vegetables and 40% reported eating less unhealthy foods from 2.62 to 1.77 times per/day.<sup>76</sup> Wholesome Wave is another Prescription Voucher program designed to connect chronic disease patients to healthy food. Wholesome Wave is expanding nationally. Programs in California, New York, New Jersey, Connecticut, New Hampshire, Rhode Island, Virginia, Main, Washington DC, Georgia and Ohio are listed as “thriving” on their website.<sup>77</sup> During the four-to-six-month program, patients receive a FVRx prescriptions which can be redeemed at participating locations. According to the Wholesome Wave website, 69% of FVRx participants eat more produce and 47% decrease their BMI upon completion of the healthy food prescription program.<sup>78</sup> These programs highlight the important role health care providers can

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<sup>74</sup> Miller, Molly. (2017). Food Prescriptions: Using Healthy Food to Manage Chronic Disease and Improve Community Health. Retrieved September 23, 2017 from <https://stakeholderhealth.org/food-prescription/>

<sup>75</sup> Fresh Prescription: Recipe for a Healthy Detroit. (2017). 2015 Outcomes Report. Retrieved September 23, 2017 from <https://drive.google.com/file/d/0B-M44zlwM4H0S2RRY0d4THVIN28/view>

<sup>76</sup> Fresh Prescription: Recipe for a Healthy Detroit. (2017).

<sup>77</sup> Wholesome Wave. (2017). Impact. Retrieved September 23, 2017 from <https://www.wholesomewave.org/how-we-work/produce-prescriptions>

<sup>78</sup> Wholesome Wave. (2017). Impact. Retrieved September 23, 2017 from <https://www.wholesomewave.org/how-we-work/produce-prescriptions>

play in ensuring healthy food accessibility. If health insurance providers adopted upstream approaches and covered the cost of fruit and vegetable prescriptions for targeted, at-risk populations, we may see improved results in the outcomes of patients with chronic disease.

In the United States the double-value model, sometimes referred to as “matching,” has become a prominent way to increase fruit and vegetable consumption by leveraging federal food dollars.<sup>79</sup> In 2005, the NYC Department of Health and Mental Hygiene introduced a program called “Health Bucks,” offering \$2.00 of fruit and vegetables for every \$5.00 spent in SNAP at the farmers’ market. In Philadelphia, Young et al., evaluated the effectiveness of “Philly Food Bucks,” which they describe as a “bonus incentive” for shopping at farmers’ markets.<sup>80</sup> Like New York’s “Health Bucks,” Pennsylvania’s, “Philly Food Bucks” program allowed SNAP participants to earn \$2.00 in “Philly Food Bucks” to spend on fruits and vegetables for every \$5.00 of SNAP used at the farmers’ market. In addition, Young et al., provided community organizations that served low-income populations with “Philly Food Bucks” to distribute to clients that could be redeemed for fruits and vegetables without SNAP purchases.<sup>81</sup> The authors conducted in-person interviews with 662 customers at 22 different farmers’ markets and found that “Philly Food Bucks” users were more likely to report increased fruit and vegetable consumption and report trying new F&Vs.<sup>82</sup> Today, Market Match in California provides benefits for CalFresh and WIC participants for shopping at farmers’ market at over 290 sites

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<sup>79</sup> Community Food Center Canada. (2016). Fruit and Vegetable Voucher Program Backgrounder. Retrieved September 20, 2017 from

<https://cfccanada.ca/sites/default/files/CFCC%20Fruit%20and%20Vegetable%20Voucher%20Backgrounder.pdf>

<sup>80</sup> Young, C. R., Aquilante, J. L., Solomon, S., Colby, L., Kawinzi, M. A., Uy, N., & Mallya, G. (2013). Improving fruit and vegetable consumption among low-income customers at farmers markets: Philly Food Bucks, Philadelphia, Pennsylvania, 2011. *Preventing chronic disease*, 10.

<sup>81</sup> Young, C. R., Aquilante, J. L., Solomon, S., Colby, L., Kawinzi, M. A., Uy, N., & Mallya, G. (2013).

<sup>82</sup> Young, C. R., Aquilante, J. L., Solomon, S., Colby, L., Kawinzi, M. A., Uy, N., & Mallya, G. (2013).

across the state.<sup>83</sup> Studies that evaluate the impact of matching programs on fruit and vegetable consumption have found that participants increase their fruit and vegetable consumption and improve their shopping habits.<sup>84</sup>

The literature confirms that fruit and vegetable voucher programs, food prescription programs, and double-value “matching” programs have a positive impact on fruit and vegetable consumption and purchasing trends among low-income populations. In addition, some interventions like Wholesome Wave’s FVRx and the Fresh Prescription Program of Detroit are building evidence that food prescription programs can positively impact BMI and among diabetics, improve blood sugar levels. Although incredible efforts have been made to improve fruit and vegetable access, huge disparities persist. Additional studies are needed to verify the health outcomes of fruit and vegetable voucher, food prescription, and “matching” programs. Best practices and lessons learned need to be articulated for the continued improvement of existing programs.

## VI. SCOPE OF WORK:

My culminating MPH experience consisted of a 300-hour internship with EatSF, a transformative program designed to increase access and affordability of fruits and vegetables for low-income individuals and households in San Francisco. EatSF is part of the UCSF Center for Vulnerable Populations’ Food Policy, Health, and Hunger Research Program founded by Dr. Hilary Seligman and directed by Cissie Bonini, MPA and Melissa Akers, MPH, CPH. The program

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<sup>83</sup> Market Match.org. (2017). History. Retrieved November 20, 2017 from <http://marketmatch.org/about/history/>

<sup>84</sup> Oberholtzer, L., Dimitri, C., & Zive, M. (2012). *Double Value Coupon Program diet and shopping behavior study*. Retrieved from <http://www.wholesomewave.org/wp-content/uploads/2014/10/Double-Value-Coupon-Program-Diet-Shopping-Behavior-Study.pdf>

was designed in alignment with San Francisco’s citywide goal of being hunger-free by 2020.<sup>85</sup> It addresses the critical need for healthy food access in the Tenderloin, South of Market and Bayview Hunter’s Point neighborhoods. The model relies on multi-sector collaboration between over 50 community-based organizations and clinics that serve as voucher distribution sites, a growing network of corner stores, supermarkets, and farmers’ markets, and its ability to reach targeted low-income, food insecure individuals and households.<sup>86</sup> EatSF staff often refer to the programs “triple-win;” it supports healthy eating habits, increases food security, and drives the local supply of fruits and vegetables in underserved communities.

Since its launch in 2015, EatSF has assisted over 6,000 low-income individuals increase their fruit and vegetable consumption by an average of one serving per day and infused over three-quarters of a million dollars of produce purchases into low-income neighborhoods.<sup>87</sup> EatSF uses the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework for program evaluation. The RE-AIM Framework is an evaluation approach that provides evidence of the public health impact of programs for other communities or organizations interested in replicating best practices.<sup>88</sup> EatSF collects data via process evaluation measures, pre/post participant surveys including the Household Food Security Survey Model (6-item) and validated fruit and vegetable screener, distribution site surveys, and

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<sup>85</sup> San Francisco City and County, Resolution No. 447-13. (2013). Committing to a Food Secure and Hunger Free San Francisco.

<sup>86</sup> Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H. (2017).

<sup>87</sup> Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H. (2017).

<sup>88</sup> Jauregui, E., Pacheco, A. M., Soltero, E. G., O’Connor, T. M., Castro, C. M., Estabrooks, P. A., ... & Lee, R. E. (2015). Using the RE-AIM framework to evaluate physical activity public health programs in México. *BMC public health*, 15(1), 162.

key informant interviews with vendors and participants. Table 2.0 below provides data summarizing EatSF's program outcomes.

**Table 2.0** EatSF Outcome Data.<sup>89</sup>

<b>RE-AIM Framework</b>	<b>Distribution Sites (CBO's)</b>	<b>Vendors (Corner &amp; Grocery Stores)</b>	<b>Participants (EatSF Voucher Recipients)</b>
<b>Reach</b>	<ul style="list-style-type: none"> <li>3 neighborhoods (all 'food deserts')</li> <li>57 entry points for enrollment and distribution of vouchers</li> </ul>	<ul style="list-style-type: none"> <li>3 neighborhoods (all 'food deserts')</li> <li>19 participating stores for voucher redemption</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 2,700 unduplicated households per/year</li> <li>&gt; 5,000 unduplicated individuals per/year</li> <li>&gt; 80,000 healthy food vouchers distributed to participants each year</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>100% EatSF is a helpful resource for clients</li> </ul>	<ul style="list-style-type: none"> <li>100% of corner stores seeing increased monthly profits</li> <li>75% of corner stores in Tenderloin displaying more produce</li> </ul>	<ul style="list-style-type: none"> <li>99% increased dietary intake of F/Vs (58% increased by ½ cup+)</li> <li>47% report improvement in ability to eat a healthy diet</li> <li>37% report positive health impact</li> <li>31% improved food security</li> <li>28% stretched food budget by 1 week or more each month</li> </ul>
<b>Adoption</b>	<ul style="list-style-type: none"> <li>98% retention</li> <li>40+ organizations on waitlist</li> </ul>	<ul style="list-style-type: none"> <li>100% retention</li> <li>Stores contacting EatSF to participate</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 90% retention</li> <li>76% voucher redemption</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>85% implementation is very easy or easy</li> </ul>	<ul style="list-style-type: none"> <li>100% extreme satisfaction with EatSF</li> </ul>	<ul style="list-style-type: none"> <li>86% very high or high satisfaction</li> <li>99% believe EatSF is important for their community</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>Long-term post-intervention participant outcomes (fruit and vegetable intake, food security) are currently being collected and will serve to inform changes to future iterations of the program model (i.e. program length, and amount of monthly financial incentives needed to sustain long-term healthy eating habits).</li> <li>Potential to serve as a national model; scalability; long-term sustainability.</li> </ul>		

As an intern, I worked as an integral part of the EatSF team providing assistance in the areas of program material development and implementation, data collection and program coordination. I completed my internship over the course of six-months, from June to December

<sup>89</sup> Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H. (2017).

of 2017 under the guidance and direction of Melissa Akers. My primary objectives included the following: 1) collaborate with nutrition education providers in the SF/Bay Area and EatSF staff to develop nutrition education materials for EatSF participants at point of entry and point of exit, 2) develop program materials for EatSF including an academic poster and written materials for their Toolkit 3) data collection including survey administration and key informant interviews with community partners and corner store owners, 4) collect and catalogue data on food prescription programs and nutrition education programs and 5) assist with program coordination tasks like sorting fruit and vegetable vouchers, distributing program materials and tabling at community events. See formal learning objectives in Appendix A.

#### **A. Development of Nutrition Education Materials:**

Developing nutrition education materials for EatSF participants at point of entry and point of exit was the largest project of my internship. Future EatSF participants will receive nutrition education materials as part of their initial onboarding. They will also receive materials when rolling-off the voucher program. These materials are specifically designed to support healthy eating habits, offer tips and suggestions when shopping on a budget and cooking with limited kitchen space, and provide information on other available food resources. As part of this project I collaborated with nutrition education providers in the SF/Bay Area including Alexandra Neidenberg, Senior Program Coordinator at Leah's Pantry and EatFresh.org, and Laura Campos of the Feeling Good Project, a program of the Nutrition Services Program of the San Francisco Department of Public Health. With their permission, content from Leah's Pantry, EatFresh.org, and The Feeling Good Project was utilized in the newly developed nutrition education materials for EatSF participants. This project required me to demonstrate leadership abilities as a

collaborator and coordinator, apply evidence-based principles and theoretical constructs of social and behavior change, effectively communicate public health messages that are responsive to the diverse communities being served, and articulate considerations for future program evaluation specific to nutrition education. The point of entry and point of exit materials are included in the appendix section.

**B. Development of Other Program Materials:**

In addition to nutrition education materials, I was responsible for designing an academic poster titled “Implementation of a Community Fruit and Vegetable Voucher Program in San Francisco” that was presented at the APHA 2017 Annual Meeting and Expo in Atlanta, Georgia. For this project, I used skills acquired throughout the duration of my MPH program to summarize EatSF program data and research findings in a concise and attractive fashion for an academic audience. The academic poster is included in the appendix section. I also created marketing materials as part of EatSF’s general fundraising efforts and assisted in the development of written materials for their program implementation Toolkit.

**C. Data Collection for Program Evaluation:**

As part of my internship, I demonstrated the ability to collect data for the purpose of program evaluation. During the fall of 2017, EatSF completed maintenance surveys to evaluate the long-term impact of their fruit and vegetable voucher program. I administered maintenance surveys at Presentation Day Health Center located in the Tenderloin neighborhood. I also administered surveys at the Ocean Park Health Center WIC Clinic in the Sunset neighborhood as part of EatSF’s newly funded research project, *Fruit and Vegetable Voucher to Support Pregnant Mothers in San Francisco with Food Security and Healthy Dietary Intake*, as part of the UCSF



California Preterm Birth Initiative. I also completed key informant interviews with corner store owners and community based organizations in the Bayview Hunters Point area as part of EatSF's ongoing effort to evaluate their organizational structure and processes. The key informant interviews provided EatSF with important information on participant on-boarding and off-boarding, voucher distribution, ease of voucher use within corner stores, voucher reimbursement, and future voucher compatibility with POS (point of sale) systems. As part of EatSF's goal to grow in scale, the program is planning on adopting a web-based platform to streamline processes and eliminate some of the tedious manual work currently required.

**D. Collect and Catalogue Data on Nutrition Education and Voucher Programs:**

Throughout the course of my internship, I collected data on a variety of nutrition education programs, including SNAP-Ed funded programs, provided by nonprofit organizations and government agencies across the country. I was also responsible for conducting a literature review to synthesize the current literature on fruit and vegetable voucher programs, food prescription programs, and double-value "matching" programs. These projects provided me with opportunities to critically assess public health literature using both quantitative and qualitative sources, as well as best practices from the field.

**E. General Program Coordination Tasks:**

Finally, I assisted EatSF staff complete general tasks like sorting fruit and vegetable vouchers, completing data entry and informational spreadsheets for internal use, distributing program materials and tabling at community events like the Tenderloin Healthy Corner Store Coalition event on September 28, 2017 in Boeddeker Park. These assignments required me to work as an integral part of the EatSF team.

## VII. POLICY IMPLICATIONS & RECOMMENDATIONS:

Policies have been implemented to promote healthy food choices like the standardization of nutritional content in school-lunches and the mandatory inclusion of nutrition labels on foods.<sup>90</sup> One of the more controversial strategies is the taxation of sugar-sweetened beverages.<sup>91</sup> Excise taxes on goods like alcohol and cigarettes have support from public health professionals because they impact consumer behavior, and generally speaking, demand for consumer goods fall with price increases.<sup>92</sup> In 2016, San Francisco voters approved Proposition V, the Sugary Drinks Distributor Tax Ordinance known commonly as the Soda Tax, which amended the Business and Tax Regulations Code by adding Article 8 which imposes “a 1 cent tax per fluid ounce on the distribution of sugar-sweetened beverages.”<sup>93</sup> Evidence attributing adverse health outcomes like obesity and diabetes to sugar-sweetened beverage consumption is growing rapidly. Organizations like the American Heart Association, the American Diabetes Association, American Academy of Pediatrics, the Institute of Medicine, the American Medical Association, and the Centers for Disease Control and Prevention recommend limiting sugar-sweetened beverage consumption.<sup>94</sup> Support for Proposition V from the San Francisco Medical Society, the National Coalition for 100 Black Women, and the NAACP highlight enormous healthcare spending on the treatment of chronic disease (\$41 billion is spent on treating obesity in California each year) and the disproportionate impact of chronic

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<sup>90</sup> Bhattacharya, D. (2013). *Public health policy: issues, theories, and advocacy*. John Wiley & Sons.

<sup>91</sup> Bhattacharya, D. (2013).

<sup>92</sup> Chaloupka, F. J., Grossman, M., & Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol research and health*, 26(1), 22-34.

<sup>93</sup> Sugary Drinks Distributor Tax Ordinance. (2017). San Francisco, CA.

<sup>94</sup> San Francisco Voter Information Pamphlet & Sample Ballot. (2016). Tax on Distributing Sugar-Sweetened Beverages. Retrieved November 19, 2017 from <http://voterguide.sfelections.org/en/tax-distributing-sugar-sweetened-beverages>

diseases, like type 2 diabetes, on minority populations.<sup>95</sup> Opponents of the soda tax argued against “big brother” policing of individual choices, highlighted the financial burden on small businesses, and emphasized that revenue would not go to public health programs and instead be placed in the general fund.<sup>96</sup> According Ben Rosenfield, the San Francisco City Controller and Chief Fiscal Officer, the tax is expected to generate \$7.5 million in fiscal year 2017/2018 and \$15 million in fiscal year 2018/2019.<sup>97</sup>

In 2011, the Sugar-Sweetened Beverages, Syrups, and Powder Tax Act (SB 396) was introduced in the Illinois General Assembly.<sup>98</sup> In terms of soda tax legislation the bill was unique because it proposed allocating revenue to specific public health efforts including 30% to community-based childhood obesity prevention programs, 30% to “elementary and secondary schools for educational, environmental, policy, and other public health approaches that promote nutrition and physical activity”, and 10% to oral health.<sup>99</sup> The legislation was not successful. A policy analysis conducted by Dr. Bhattacharya included key recommendations like renaming the bill to the “Children’s Health Promotion Act or Children’s HELP Act” to better align with the purpose of the legislation to improve the health of children. To strengthen the bill and ensure bipartisan support, Dr. Bhattacharya recommended maintaining provisions for community-based programs due to the large body of evidence confirming that interventions which address parents, children, social and environmental factors are effective, and eliminating

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<sup>95</sup> San Francisco Voter Information Pamphlet & Sample Ballot. (2016).

<sup>96</sup> San Francisco Voter Information Pamphlet & Sample Ballot. (2016).

<sup>97</sup> San Francisco Voter Information Pamphlet & Sample Ballot. (2016).

<sup>98</sup> Bhattacharya, D. (2013). *Public health policy: issues, theories, and advocacy*. John Wiley & Sons.

<sup>99</sup> Bhattacharya, D. (2013).

“unnecessary” provisions for physical-activity and oral health that might increase opposition to the bill.<sup>100</sup>

In 2015, Berkeley, CA became the first city in the United States to implement a soda tax which now generates approximately \$1.2 million in revenue annually. A study evaluating the impact of the excise tax on sugar-sweetened beverage consumption in Berkeley, CA by Falbe et al., at the University of California, Berkeley found that consumption of sugar-sweetened beverages in low-income neighborhoods declined by 21% over a “1 –year period from before the tax to after the tax, and increased by 4% in the comparison neighborhoods” (San Francisco and Oakland) over the same time period.<sup>101</sup> A before-and-after study of the soda tax in Berkeley found a significant decline in sugar-sweetened beverage sales.<sup>102</sup> As of January 2017, the Berkeley soda tax has generated over \$2 million in tax revenue, 42.5% has gone to the Berkeley Unified School District for cooking, gardening and nutrition programs and an additional 42.5% has gone to community groups like the Ecology Center, Healthy Black Families and the YMCA for health-related programs.<sup>103</sup> In addition to Berkeley and San Francisco, Boulder, Colorado, Oakland, California, Albany, California, Philadelphia, Pennsylvania, and Cook County, Illinois have passed taxes on sugar-sweetened beverages designed to discourage sugary

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<sup>100</sup> Bhattacharya, D. (2013). *Public health policy: issues, theories, and advocacy*. John Wiley & Sons.

<sup>101</sup> Falbe, J., Thompson, H. R., Becker, C. M., Rojas, N., McCulloch, C. E., & Madsen, K. A. (2016). Impact of the Berkeley excise tax on sugar-sweetened beverage consumption. *American journal of public health, 106*(10), 1865-1871.

<sup>102</sup> Silver, L.D., Ng, S. W., Ryan-Ibarra, S., Taillie, L.S., Induni, M., Miles, D. R., \$ ... Popkin, B. M. (2017). Changes in prices, sales, consumer spending, and beverage consumption one year after a tax on sugar-sweetened beverages in Berkeley, California. US: A before-and-after study. *Plos Medicine, 14*(4), 1-19. Doi: 10.1371/journal.pmed.1002283

<sup>103</sup> Knight, Heather. (2016). Berkeley kept its word on soda tax proceeds. San Francisco Chronicle. Retrieved November 19, 2017 from <http://www.sfchronicle.com/bayarea/article/SF-soda-tax-changes-flavor-from-2014-10098368.php>

beverage consumption.<sup>104</sup> However, in October of 2017 Cook County repealed its sugary beverage tax. Table 3 below summarizes sugar-sweetened beverage taxes implemented across the country. For a more robust table, see table 4.0 in the appendix section.

**Table 3.0** Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.<sup>105</sup>

Jurisdiction	Referendum/Leg. and Date Enacted	Date Effective	Tax Rate and Revenue	Supervision of Spending
Albany, CA	Measure 01 11/8/2016	“immediately”	1-cent per fluid ounce. Estimated annual revenue of \$200,000 will go to the city’s general fund.	City Council will consult an informal advisory group.
Berkeley, CA	Measure D 11/4/2014	03/01/2015	1-cent per fluid ounce. Estimated annual revenue of \$1.5 million will go to the city’s general fund.	Sugar-Sweetened Beverage Products Panel of Experts (SSBPPE) will make recommendations to City Council.
Boulder, CO	Measure 2H 11/06/2016	07/01/2017	2-cents per fluid ounce. Estimated annual revenue of \$3.8 million will go to the city’s general fund.	City Council.
Cook County, IL	11/10/2016  *Repealed effective 12/01/2017	07/01/2017	1-cent per fluid ounce. Estimated annual revenue of \$223.8 million to cover the \$74.6 million deficit for FY 2017 and “address various public safety and health funding needs.” <sup>106</sup>	Board of Commissioners.
Oakland, CA	Measure HH 11/08/2016	07/01/2017	1-cent per fluid ounce. Estimated annual revenue of \$7 million will go to the city’s general fund.	Community Advisory Board will make recommendations to City Council.
Philadelphia, PA	City Council 06/16/2016	01/01/2017	1.5-cents per fluid ounce. Estimated annual revenue of \$91 million will go to the city’s general fund. Tax was promoted as a way to raise	Mayor’s Office.

<sup>104</sup> Lee, B. (2016). 5 More Locations Pass Soda Taxes: What's Next For Big Soda? Forbes. Retrieved November 19, 2017 from <https://www.forbes.com/sites/brucelee/2016/11/14/5-more-locations-pass-soda-taxes-whats-next-for-big-soda/#6960b386ed19>

<sup>105</sup> Center for Science in the Public Interest. (2017). Local Sugary Drink Taxes Voted on 2014–2017. Retrieved November 22, 2017 from <https://cspinet.org/sites/default/files/attachment/localsugarydrinks.pdf>

<sup>106</sup> Cook County Government, IL. (2016). Sweetened Beverage Tax. Retrieved November 22, 2017 from <https://www.cookcountyil.gov/service/sweetened-beverage-tax>

			money for prekindergarten education. <sup>107</sup>	
San Francisco, CA	Proposition V 11/08/2016	01/01/2018	1-cent per fluid ounce. Estimated annual revenue of \$15 million will go to the city's general fund.	Sugary Drinks Distributor Tax Advisory Committee will make recommendations to City Council.
Seattle, WA	Council Bill 118965 06/05/2017	07/06/2017	1.75-cents per fluid ounce and 1-cent per ounce for manufacturers. Estimated annual revenue of \$15 million will go the city's general fund with the following stipulations:  First 5 years, 20% of net proceeds used to fund one-time expenditures including: the Seattle Colleges 13th Year Promise Scholarship program, job retraining and placement programs, and funding for capital projects for the Seattle Preschool Program. <sup>108</sup>  In year 6, all net proceeds from the tax will support 1) expanding access to healthy/affordable food, addressing food insecurity and 2) evidence-based programs that improve the social, emotional, educational, physical and mental health of children. <sup>109</sup>	The Sweetened Beverage Tax Community Advisory Board will make recommendations to City Council.

#### A. Concerns with General Fund Allocations:

Concerns regarding excise tax revenue allocation to general funds is not new. A 2012 report published in the CDC's Morbidity and Mortality Weekly Report notes that all states

<sup>107</sup> Shupert, C. (2017). Soda Tax Experiment Failing in Philadelphia Amid Consumer Angst and Revenue Shortfalls. Retrieved November 22, 2017 from <https://files.taxfoundation.org/20170803101618/Tax-Foundation-FF555.pdf>

<sup>108</sup> City of Seattle. (2017). Council Bill Number: 118965. Retrieved November 22, 2017 from <http://clerk.seattle.gov/~scripts/nph-brs.exe?s3=118965&s4=&s5=&s1=&s2=&S6=&Sect4=AND&l=0&Sect2=THESON&Sect3=PLURON&Sect5=CBORY&Sect6=HITOFF&d=ORDF&p=1&u=%2F~public%2Fcbor1.htm&r=1&f=G>

<sup>109</sup> City of Seattle. (2017).

generate revenue from cigarette excise taxes but few have requirements allocating a proportion of generated revenue to tobacco control and prevention.<sup>110</sup> In addition, the appropriations made to evidence-based programs, do not meet the CDC's recommendations. For example, in 2010 \$641.1 million worth of federal and state appropriations were designated to tobacco control and prevention which was only 17.3% of the 2007 Best Practices recommended by the CDC.<sup>111</sup> Unfortunately cigarette tax increases have not been used to address the public health consequences of cigarette use but have instead been implemented in response to "shortfalls in state budgets."<sup>112</sup>

At the local level, decisions regarding general fund spending is ultimately in the hands of city council. All eight sugary beverage taxes implemented in the United States include revenue allocation to the general fund. In terms of supervision of spending, 50% of the jurisdictions that have passed sugary beverage taxes have implemented formal advisory panels to provide recommendations to City Council on the implementation and funding of programs and complete reports on the effectiveness of the tax. In Berkeley, the Sugar-Sweetened Beverage Products Panel of Experts has been successful. At SSBPPE recommendation, City council approved a one-time allocation of \$1.5 million from the General Fund to invest in a grant program to address sugar-sweetened beverage (SSB) consumption in January of 2016.<sup>113</sup> Later

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<sup>110</sup> CDC. (2012). State Tobacco Revenues Compared with Tobacco Control Appropriations – United States, 1998 – 2010. Morbidity and Mortality Weekly Reports. Volume 61. No. 20. Retrieved November 28, 2017 from <https://www.cdc.gov/mmwr/pdf/wk/mm6120.pdf>

<sup>111</sup> CDC. (2012). State Tobacco Revenues Compared with Tobacco Control Appropriations – United States, 1998 – 2010.

<sup>112</sup> CDC. (2012). State Tobacco Revenues Compared with Tobacco Control Appropriations – United States, 1998 – 2010.

<sup>113</sup> Lynn, J. (2016). City Council votes to allocate 'soda tax' revenue to school district, city organizations. The Daily Californian. Retrieved November 22, 2017 from <http://www.dailycal.org/2016/01/20/city-council-votes-allocate-soda-tax-revenue-school-district-city-organizations/>

in November of 2016, City council approved the allocation of \$3 million from the General Fund over a two year period to fund programs addressing SSB consumption at Berkeley Unified School District, the Ecology Center, Healthy Black Families, the Multicultural Institute, the YMCA, Lifelong Medical Care, and the City of Berkeley Department of Public Health.<sup>114</sup>

Of the eight jurisdictions, Seattle is the only one to specify that a proportion of tax revenue will be allocated towards public health and community program efforts including 20% during the first five years to the Seattle Colleges 13<sup>th</sup> Year Promise Scholarship Program, job retraining and placement programs, and funding for capital projects for Seattle's Preschool Program.<sup>115</sup> In July of 2023 all net proceeds from the sugary-beverage tax in Seattle will support expanding access to healthy and affordable food and evidence-based programs that improve the health of children.<sup>116</sup>

## **B. Interventions:**

- 1. Status Quo** – Maintain existing legislation allocating all revenue generated from the sugar-sweetened beverage tax in San Francisco's general fund to be used at the discretion of City Council.
- 2. Alternative** – Amend Proposition V to include a minimum allocation of 50% of the revenue generated from the city's sugar-sweetened beverage tax to community-based health initiatives and programs that improve access to healthy and affordable food and prevent the proliferation of chronic disease in San Francisco among targeted, at-risk

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<sup>114</sup> City of Berkeley, CA. (2017). Resolution No. 67,764 – N.S. Retrieved November 22, 2017 from [https://www.cityofberkeley.info/uploadedFiles/Health\\_Human\\_Services/Level\\_3\\_-\\_Public\\_Health/Res%2067,764-N.S.%20Allocationof3milFY18andFY19.pdf](https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/Res%2067,764-N.S.%20Allocationof3milFY18andFY19.pdf)

<sup>115</sup> City of Seattle. (2017).

<sup>116</sup> City of Seattle. (2017).



groups including pregnant women, infants and children, youth and adolescents, low-income communities and minority populations. Money will be awarded through an RFP process managed by the San Francisco Department of Public Health and the Sugary Drinks Distributor Tax Advisory Committee.

**C. Voter Guide and Information:**

A new ordinance for the allocation of soda tax funds in San Francisco:

- A.) A YES vote would be in favor of allocating a minimum of 50% of the revenue generated from the city's sugar-sweetened beverage tax, approximately \$7 million annually, to community-based health initiatives and programs that improve access to healthy and affordable food and prevent the proliferation of chronic disease in San Francisco among targeted, at-risk groups.
- B.) A NO vote would leave all revenue generated from the sugar-sweetened beverage tax in the city's general fund to be used at the discretion of City Council.

San Francisco, CA has not yet had revenue from the sugar-sweetened beverage tax so there should be no fiscal impact of a 50% allocation of revenue to community-based health initiatives. Funds would not be shifted away from other areas and service levels would not be negatively impacted. Amending Proposition V would ensure that revenue generated from the sugar-sweetened beverage tax would be invested in community-based health initiatives and programs that address food insecurity and work to prevent the proliferation of chronic disease in San Francisco.

**D. Long-Term Funding Mechanisms for Programs like EatSF/Voucher4Veggies:**

One of the challenges programs like EatSF, soon to be Voucher4Veggies, have is securing long-term funding. Long-term funding solutions through mechanisms like SSB taxes make it possible for programs like EatSF to scale, expand and enhance the program to better serve the needs of San Franciscans. Program goals include supporting healthier eating habits for 20,000 low-income households by 2020, replicating the EatSF model in three cities in preparation for National expansion, and enhancing technology and infrastructure to reduce costs and maximize program efficiency.<sup>117</sup>

**VIII. CONCLUSION:**

Increases in the burden of food insecurity and chronic disease suggest the urgent need for prevention, innovative public health programming and the development of policies that support an equitable and economically viable food system. Although incredible efforts have been made to improve fruit and vegetable access, huge disparities persist. Studies show that coupons, vouchers, and discounts that reduce food prices and increase the purchasing power of low-income communities, positively impact fruit and vegetable consumption and health outcomes. Program results from EatSF and outcomes data from CHIVES and the California Pre-Term Birth Initiative will provide some of the most robust data on fruit and vegetable voucher programs to date. The results will guide future iterations of the EatSF model and add to the growing public health literature on this subject area. Long-term funding solutions through mechanisms like sugar-sweetened beverage tax should be leveraged to address food insecurity and prevent the proliferation of chronic disease.

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<sup>117</sup> EatSF. (2017). Major Gifts Opportunities.pdf.

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markets: Philly Food Bucks, Philadelphia, Pennsylvania, 2011. Preventing chronic disease, 10.

**X. APPENDIX:**

The following is included in the appendix:

1. Appendix A - Learning Objectives
2. Appendix B - Point of Entry Materials
3. Appendix C - Point of Exit Materials
4. Appendix D - Academic Poster
5. Appendix E - Table 4.0 Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

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Masters in Public Health  
Fieldwork Form: **Student Preceptor Agreement**

(To be completed by the student in consultation with the site preceptor. Attach the Scope of Work and MPH Student Competency Inventory)

**Student:** Alexandra N. Kambur

**Agency and Department/Division/Program:** UCSF Center for Vulnerable Populations.  
The Food Policy, Health, and Hunger Research Program/EatSF

**Site Preceptor:** Melissa Akers, MPH

**Dates of Placement:** June of 2017 through December of 2017

---

**I. Scope of Work**

Using the attached matrix to describe the project(s) in which you will be contributing, fill out following sections:

1. Overall goal(s) of internship
2. Measureable objectives that relate to the achievement of goal(s)
3. Activities that correspond to each objective
4. Start-end dates
5. Responsible parties involved
6. Tracking measures (evaluation indicators)

**II. MPH Student Competency Inventory**

Of the Public Health Competencies listed in the attached document; identify competency areas you wish to address through the fieldwork experience.

**III. Acknowledgements**

We have participated in development of this field-training proposal and agree to the conditions specified above. If it becomes necessary to alter any of the specified conditions, we agree to make the changes known to each of the persons whose signatures appear below.

  
Student Signature

09/26/2017  
Date

  
Site Preceptor Signature

9/26/2017  
Date

---

MPH Fieldwork Coordinator

Date



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Masters in Public Health

Fieldwork Form: Student Preceptor Agreement

Supervised Field Training in Public Health  
Student Scope of Work

Goals: to work as an integral part of EatsSF providing assistance in the areas of program material development and implementation, data collection, program evaluation and program coordination.						
Objectives (s)	Activities ;	Start/End Date	Tracking Measures	Who is Responsible	Program Competencies	Anticipated Hours
1.) To collaborate with nutrition education providers in the SF/Bay Area and EatsSF staff to develop nutrition education materials for EatsSF participants.	<ul style="list-style-type: none"><li>• Meet and collaborate with nutrition Education providers in the SF/Bay Area.</li><li>• Develop point of entry materials.</li><li>• Develop point of exit materials.</li><li>• Articulate considerations for future program evaluation specific to nutrition education.</li></ul>	Start Date: June 2017 End Date: Dec. 2017	<ul style="list-style-type: none"><li>• Regular meetings with Melissa to discuss progress.</li><li>• Internal Deadlines.</li></ul>	Alexandra	<ul style="list-style-type: none"><li>• Apply theoretical constructs of social change, health behavior and social justice in the development of nutrition education materials for EatsSF.</li><li>• Apply evidence-based principles to the process of developing appropriate nutrition education materials.</li><li>• Demonstrate leadership abilities as a collaborator and coordinator of a public health project.</li><li>• Develop public health project/materials that are responsive to the diverse cultural values and traditions of the communities being</li></ul>	220

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Fieldwork Form: Student Preceptor Agreement

					<ul style="list-style-type: none"> <li>served.</li> <li>Effectively communicate public health messages to the communities being served.</li> </ul>	
2.) To develop program materials for EatsF.	<ul style="list-style-type: none"> <li>Use program data to create Academic Poster. Poster will be presented at APHA Conference.</li> <li>Interview Community Partners and write short "success story" articles for EatsF website.</li> </ul>	Start Date: Sept. 2017 End Date: Nov. 2017	<ul style="list-style-type: none"> <li>Regular meetings with Melissa to discuss progress.</li> <li>Internal Deadlines.</li> </ul>	Alexandra	<ul style="list-style-type: none"> <li>Use skills acquired in MPH Program to summarize EatsF information and research in a concise and attractive fashion.</li> </ul>	30
3.) To assist EatsF staff with program evaluation.	<ul style="list-style-type: none"> <li>Survey Administration.</li> <li>Qualitative data collection via grocery store vendor interviews.</li> </ul>	Start Date: June 2017 End Date: Dec. 2017	<ul style="list-style-type: none"> <li>Assigned on an on-going basis.</li> </ul>	Alexandra	<ul style="list-style-type: none"> <li>Demonstrate ability to collect data for program evaluation.</li> </ul>	10
4.) To collect and catalogue data on food prescription programs and nutrition education programs.	<ul style="list-style-type: none"> <li>Create spreadsheet detailing various food description programs and nutrition education programs.</li> </ul>	Start Date: June 2017 End Date: Dec. 2017	<ul style="list-style-type: none"> <li>Internal Deadlines.</li> </ul>	Alexandra	<ul style="list-style-type: none"> <li>Critically assess public health literature utilizing both quantitative and qualitative sources.</li> </ul>	20
5.) To assist with program coordination	<ul style="list-style-type: none"> <li>Complete tasks like sorting</li> </ul>	Start Date: June 2017 End Date: Dec. 2017	<ul style="list-style-type: none"> <li>Assigned on an on-going</li> </ul>	Alexandra	<ul style="list-style-type: none"> <li>Demonstrate ability to collaborate with</li> </ul>	20



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Masters in Public Health  
Fieldwork Form: Student Preceptor Agreement

efforts.	vouchers, distributing program materials to partner organizations, etc...		basis.		EatSF staff on public health projects and tasks.	
TOTAL						300

# Fruits & Vegetables and Your Health



Eating healthy foods is important. A diet rich in fruits and vegetables can reduce your risk of developing serious health issues like obesity, type 2 diabetes, heart disease and more.



## Your Heart



Did you know that heart disease is the leading cause of death in the United States? You can reduce your risk of heart disease by eating more fiber. Fiber is found in whole grains, beans, nuts, seeds, fruits & vegetables.

## Your Weight



Eating fruits & vegetables each day helps you maintain a healthy weight and reduces your risk of becoming overweight or obese.

**By doing something as simple as eating more fruits and vegetables, you are:**



Improving your energy and mood.



Giving your body the essential nutrients it needs to stay healthy.



Reducing your risk of stroke, heart attack, high blood pressure, and many other diet-related chronic diseases.



Improving your digestion.



We know that healthy eating can be difficult.

EatSF is here to help with some tips to make eating fruits and vegetables on a budget easy.

**EatSFVoucher.org**

January 2018



# Eat Fruits & Vegetables Everyday

The USDA recommends that adults eat 2 cups of fruit and 2.5 cups of vegetables everyday. Use these tips from our partners at Leah's Pantry and EatFresh.org to help you eat fruits and veggies everyday.

#1

**Use the MyPlate Template.** Make half your plate fruits and vegetables, and half your plate grains and protein. Pick vegetables rich in color like tomatoes, broccoli, and sweet potato.

#2

**Snack on Fresh Fruit and Veggies** like apples, baby carrots and celery. Store cut-up fruits and vegetables in a to-go container to make it easy to grab a healthy snack on your way out.



eatFresh.org



#3

**Eat at least two vegetables with dinner and a sweet piece of fruit for dessert.** Add lettuce, tomatoes, and other yummy vegetables to sandwiches for lunch.

#4

**Try making a fruit and vegetable smoothie using a blender.** Add fresh leafy greens and frozen fruit for extra nutrients. Smoothies are a great option for breakfast.

#5

**When eating out, choose entries with lots of veggies** like a taco salad with tomatoes, beans, avocado and cabbage or a pizza with three or more vegetable toppings.

## Your EatSF Voucher

With your \$5 EatSF Voucher you can purchase fresh and frozen fruits and vegetables.

EatSFVoucher.org

January 2018





# Shopping Tips to Stretch Your Dollar

We know that eating healthy on a budget can be difficult. We are here to help! Here are some suggestions from our partners Leah's Pantry and EatFresh.org to help you save money when shopping for food.

## Things To Consider When Buying Fruits & Vegetables



Buy fruits and vegetables that are in season. Produce that is in season is more affordable and more nutritious. Go to your local farmers' market to see what produce is in season.



Consider purchasing frozen fruit and vegetables when the fresh option is too expensive or out of season.



Buy fruits and vegetables that can be added to many different meals or eaten as a snack, so that leftovers from one recipe won't go to waste.



Make a large pot of soup with leftover vegetables. Almost any vegetable (fresh or frozen) can be added to soup.

## Budget, Meal Plan & Write a List



Keep track of your grocery receipts to see how much money you spend on food each month and determine how much money you can realistically spend on food each week.



Before going to the grocery store: check your fridge, check your schedule, and ask your family what they'd like to eat. This will help you meal plan. Write down the meals you plan on preparing this week.



Write down your grocery list. Sort your grocery list according to type of food: produce, meat, dairy, and dry goods.



## Your EatSF Voucher

Each voucher is worth \$5. When using your voucher to purchase fruits & vegetables, spend as close to \$5 as possible because NO change will be given. If you have a few cents leftover, grab an extra banana or small apple.

EatSFVoucher.org  
January 2018



# \$5.00 Fruit & Vegetable Guide

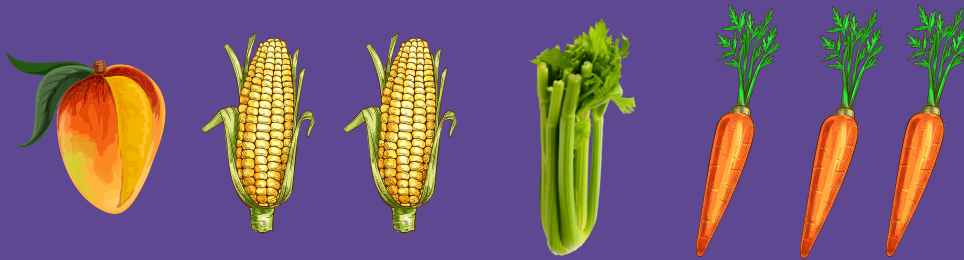
Use the examples below to help you make the most of your **EatSF Voucher**. Spend as close to \$5 as possible!

**\$4.92**



4 Apples (\$3.32) and 5 Bananas (\$1.60)

**\$4.99**



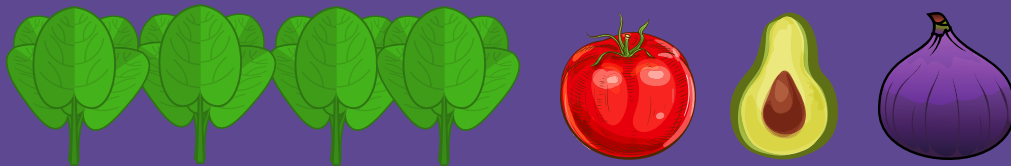
1 Mango (\$1.00), 2 pieces of Corn (\$1.00), 1 bundle of Celery (\$1.99) and 3 Carrots (\$1.00)

**\$5.25**



1 Bell Pepper (\$1.00), 1 bundle of Broccoli (\$1.25), 2 Russet Potatoes (\$2.00), and 2 Zucchini (\$1.00)

**\$5.66**



1 bag of Spinach (\$2.50), 1 Tomato (\$0.66), 1 Avocado (\$1.50) and 1 Red Onion (\$1.00)

## How Do I Use My Voucher?

Present your voucher to the cashier at participating stores at time of checkout or exchange your voucher for red tokens at the Heart of the City Farmers' Market.

**EatSFVoucher.org**

January 2018

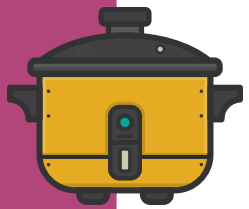


# Cooking Tips

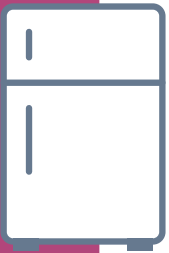
Do you have limited kitchen space? No problem. Check out these tips from the Everyday Food Smarts staff at Leah's Pantry and EatFresh.org.



**Microwaves** are for more than just reheating leftovers. Use your microwave to make omelets, soups, mashed potatoes and more. Go to [EatFresh.org](http://EatFresh.org) or another recipe source for healthy dishes you can make from scratch using a microwave.



**Do you have a rice cooker, slow cooker (crock pot), or toaster oven?** Use your rice cooker or crock pot to make pastas and soups and to steam vegetables. Toaster ovens are great for making personal pizzas, roasting vegetables and cooking small pieces of meat. Ask management where you live if you can have these cooking appliances in your room.



**Do you find that fruits and vegetables go bad before you've had a chance to eat them?** Proper food storage can help. Store leafy greens and produce like bell peppers, broccoli, berries, and carrots in the refrigerator. Produce like potatoes, avocados (unripened), and tomatoes can be left on the counter. Plan ahead. Eat perishable items like leafy greens early and save heartier produce like sweet potatoes for later in the week.



Check out [EatSFVoucher.org](http://EatSFVoucher.org), [EatFresh.org](http://EatFresh.org) or another source for a variety of **healthy recipes**. Look for recipes that include your favorite fruits and vegetables. Recipes categorized as "quick," "kid-friendly," or "limited kitchen" may be helpful. Write down the recipes you like for safe keeping. This will make it easy to repeat the recipe.



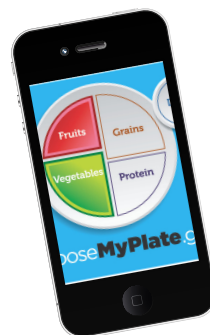
# Additional Resources & Information

Check out these internet resources for more information. If you do not have access to a computer, try using your smartphone in areas with free WiFi.



## Educational Resources

- Take a free online course at [EatFresh.org](http://EatFresh.org)! The EatFresh.org Mini Course will help you eat healthy, save money, and cook tasty meals.
- Go to [EatFresh.org](http://EatFresh.org) to consult a dietician. You can ask questions based on your specific health needs.



## Additional Information

- For additional information about your EatSF Voucher and to find stores and farmers' markets near you that accept them, go to [www.EatSFVoucher.org](http://www.EatSFVoucher.org).
- For healthy eating tips, produce cards, and information on physical activity and weight management, search for CA Champions for Change.
- For healthy tools and nutrition information, go to [MyPlate.gov](http://MyPlate.gov).
- Do you need additional food resources? Go to the SF-Marin Food Bank website, [www.sfmfoodbank.org](http://www.sfmfoodbank.org).





# Congratulations!

Thank you for being a part of the EatSF program and congratulations on eating more fruits and vegetables! We sincerely appreciate your participation in the program and hope that it helped you and your family eat a healthier diet.



**Remember that ½ of every meal and snack should be colorful – so add a salad or piece of fruit to your plate! Use MyPlate to help you plan your healthy meals.**

**By doing something as simple as eating more fruits and vegetables, you are:**



Improving your energy and mood.



Giving your body the essential nutrients it needs to stay healthy.



Reducing your risk of stroke, heart attack, high blood pressure, and many other diet-related chronic diseases.



Improving your digestion.



We know that eating fruits and vegetables on a budget is hard and we're here to help. We've included some tips and resources to help you continue eating those fruits and vegetables that are so important to your health!

**Go to [EatSFVoucher.org](http://EatSFVoucher.org) for more healthy eating tips and recipes.**

*Thank you! - EatSF*



# Healthy Eating on a Budget

EatSFVoucher.org



Tips from our partners at Leah's Pantry and EatFresh.org.

#1

**Pick fruits and vegetables that are in season.**

Fruits and vegetables that are in season will taste better and be more affordable.



#2

**Plan out your meals ahead of time.** Eat perishable items, like avocados, first. Save heartier produce like cabbage for later in the week. Store leafy greens in plastic bags without much air. They will last longer that way.



**eatFresh.org**



#3

**Refrigerate or freeze leftovers immediately after the meal so nothing goes to waste.** If you cook, double or triple the recipe and use leftovers in different ways throughout the week.



#4

**Keep track of your grocery receipts or collect store circulars to become familiar with food prices.** Use these food prices to make a grocery list and meal plan. Knowing exactly what you can spend your money on will reduce impulse purchases, which are usually less healthy choices.



## #1: Are you Eligible?

**The following individuals ARE generally eligible:**

- U.S. Citizens
- Permanent Residents (green card holders) and people with certain visas
- All U.S. born children

**The following individuals are NOT generally eligible:**

- California SSI / SSP recipients are not eligible.
- Undocumented individuals are not usually eligible. However, children who are legal residents or U.S. citizens are eligible.

**Is your household's gross monthly income LESS than the maximum gross monthly income listed? If so, you may be eligible for CalFresh.**

Household Size	Gross Monthly Income
1	\$1,980
2	\$2,670
3	\$3,360
4	\$4,050
5	\$4,740
6	\$5,430
7	\$6,122
8	\$6,816
Additional Members	+ \$694

## #2: Submit Application

- Complete an online application at [www.getcalfresh.org](http://www.getcalfresh.org) or [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org). **Do you need assistance completing the application?** Contact a specialist who can help you.



Food Assistant Services  
(415) 558 - 4700



SF Marin Food Bank  
(415) 549 - 7021

## #3: Complete Interview

- Applicants will be scheduled for an interview with county social services. County personnel will verify your identity and income to confirm your eligibility. If qualified, you will be issued an EBT card.

**SF Human Services Agency**  
1235 Mission Street (at 8th St.)  
San Francisco, CA 94103



## #4: Receive Benefits & Maintain Eligibility

- Go to [www.snapfresh.org](http://www.snapfresh.org) to see which stores and farmers' markets in your community accept EBT cards. **Remember to renew your CalFresh benefits each year.**



## Food Pantries in San Francisco

San Francisco food pantries provide residents with weekly boxes of groceries. Most pantries require registration. Bring a photo ID and proof of San Francisco residency to any pantry during their open hours and the food bank will place you at a pantry site in your neighborhood. These are only a few of the many food pantries in San Francisco. **For more information or to find a pantry near you, call 211 (a free, confidential service that can help you find local resources). Additional information is available at [sfmfoodbank.org/get-food](http://sfmfoodbank.org/get-food) and [www.link-sf.com](http://www.link-sf.com).**

### Salvation Army Kroc Center

(415) 345 - 3414  
240 Turk (near Jones)  
Apply in-person Fri 7:30 am

### Salvation Army South of Market

(415) 777 - 2677  
360 4th St (near Folsom)  
Apply by phone Mon - Fri 9:00 am - 5:00 pm  
Apply in-person Fri 8:00 am - 3:00 pm

### Salvation Army Chinatown

(415) 781 - 7002  
1450 Powell (near Broadway)  
Call for appt. Mon- Fri 11:00 am - 4:30 pm

### SF Rescue Mission

(415) 292 - 1771  
140 Turk St (between Taylor & Jones)  
Apply in-person Wed 12:00 - 12:30 pm

### Our Lady of Lourdes

(415) 559 - 2637  
410 Hawes (at Innes)  
Apply in-person the 1st, 2nd, and 3rd Sat of the month between 9:30 am - 10:00 am

### Youth With A Mission

(415) 885 - 6543  
357 Ellis (near Jones)  
Apply in-person Thurs 3:00 pm

### Bayview TLC Family Resource Center

(415) 822 - 9404  
1601 Lane St (Inside the YMCA)  
Apply in-person Mon, Tues, & Fri between 10:00 am - 3:00 pm

### United Council of Human Services

(415) 671 - 1100  
2111 Jennings (at Van Dyke)  
Apply in-person Wed 8:00 am

## Congregate Meals and Meal Delivery

San Francisco has numerous free congregate meal programs and meal delivery services for seniors, families, people with chronic disease, and others. These are only a few of the many programs in San Francisco. **To find many more, call 211 or download the San Francisco Free Eats Chart.**

### DAAS Congregate and Home Delivery Meal Programs for Seniors, People with Disabilities, and Caregivers:

More than 50 sites are run by the Department of Aging and Adult Services. Call (415) 626 - 1033 or visit 875 Stevenson St, 3rd floor for site locations.

**Project Open Hand:** Access to a free Grocery Center and pick-up or home delivered meals for individuals who are living with chronic disease(s), seniors age 60+ and adults with disabilities. For a full list of eligible diagnosis and more information on how to apply, go to [www.openhand.org/get-meals/how-apply](http://www.openhand.org/get-meals/how-apply).

**St. Anthony's Dining Room:** 121 Golden Gate, (415) 421 - 2690. Daily lunch: 11:30 am - 1:30 pm. For families with kids, seniors 59+, and those unable to carry a tray: 10:00 - 11:30 am.

**Glide Memorial Church:** 330 Ellis (at Taylor), (415) 674 - 6043. Daily breakfast: 8:00 am. For seniors 60+: 7:30 am. Daily lunch: 12:00 pm. Dinner Mon - Fri: 4:00 pm.

**Resources for individuals living with chronic disease(s).**





# SENIORS

EatSFVoucher.org



## USDA Commodity Supplemental Food Program

The Commodity Supplemental Food Program supplements the diet of low-income people age 60 and above with nutritious USDA food. Participants can pick up their monthly food boxes at various sites around San Francisco. **To sign up, call 211 (a free, confidential service that will connect you to local resources) or bring your ID and proof of income to a program site:**

### SFHA Bush St

1760 Bush St (at Octavia),  
1st Thurs 9:30 am - 12:30 pm

### SF Senior Center

481 O'Farrell St (at Jones),  
1st Fri 9:30 am - 3:00 pm

### Eastern Park Apts

711 Eddy St (at Polk),  
2nd Thurs 9:30 am - 1:00 pm

### Third Baptist Church

1399 McAllister (at Pierce),  
3rd Fri 9:30 am - 12:30 pm

### Salvation Army South of Market

360 4th St (at Clara St),  
4th Thurs 9:30 am - 2:00 pm

### Armstrong Senior Housing

5600 Third St (Enter on Armstrong),  
2nd Tues 9:30 am - 1:00 pm

### Visitacion Valley Strong Families

50 Raymond Ave  
2nd Mon 10:30 am - 3:30 pm



## Seniors Farmers' Market Nutrition Program

The SFMNP provides a booklet of fruit and vegetable vouchers (\$20 total) to seniors age 60 and up. The vouchers can be used at farmers' markets May through November. **To apply, contact the Department of Aging and Adult Services in San Francisco at (415) 355-6774.**

## Congregate Meals and Meal Delivery

San Francisco has numerous free congregate meal programs and meal delivery services for seniors, families, people with chronic disease, and others. These are only a few of the many programs in San Francisco. **To find many more, call 211 or go online to download the San Francisco Free Eats Chart.**

**DAAS Congregate and Home Delivery Meal Programs for Seniors, People with Disabilities, and Caregivers:** More than 50 sites are run by the Department of Aging and Adult Services. Call (415) 626 - 1033 or visit 875 Stevenson St, 3rd floor for site locations.

### St. Anthony's Dining Room:

121 Golden Gate, (415) 421 - 2690.  
Daily lunch: 11:30 am - 1:30 pm. For families with kids, seniors 59+, and those unable to carry a tray: 10:00 am - 11:30 am.

### Meals on Wheels of San Francisco:

Home delivered meals for homebound seniors aged 60 years or older. Includes meals for those on diabetic, low sodium, and other modified diets. Visit [mowsf.org](http://mowsf.org) for more information. To apply, call (415) 920 - 1111.

### Glide Memorial Church:

330 Ellis (at Taylor), (415) 674 - 6043.  
Daily breakfast: 8:00 am. For seniors 60+: 7:30 am.  
Daily lunch: 12:00 pm, Dinner Mon-Fri: 4:00 pm.



# FAMILIES

EatSFVoucher.org



## Women, Infants & Children (WIC)

WIC is a nutrition program for pregnant and breastfeeding women, new mothers, and children under 5 years old. It includes healthy food, nutrition education, breastfeeding support, and referrals to healthcare and social services. **To apply, call or visit your local WIC clinic. For a full list of WIC clinics call (415) 575-5750.**

**San Francisco General Hospital WIC Clinic:** (415) 206 - 5494  
2550 23rd Street (Between Potrero & Utah), Building 9, Room 125  
Mon-Fri 8:15 am - 12:00 pm & 1:00 - 5:00 pm and some Sat 8:15 am - 12:00 pm & 12:30 pm - 4:30 pm

**Silver Avenue Family Health Center WIC Clinic:** (415) 657 - 1724  
1525 Silver Avenue (Between San Bruno & Barneveld)  
Mon-Fri 8:15 am - 12:00 pm & 1:00 pm - 5:00 pm (open on Thurs until 7:00 pm)

**Southeast Health Center WIC Clinic:** (415) 671 - 7059  
2401 Keith Street (Between Carroll & Armstrong)  
Tues & Thurs 8:30 am - 12:00 pm & 12:30 pm - 4:30 pm

**Van Ness Avenue WIC Clinic:** (415) 558 - 5940  
30 Van Ness Avenue, Suite 2118  
Tues 8:30 am - 4:30 pm & Fri 8:30 am - 4:00 pm



## Farmers' Markets



Farmers' markets often have lower prices than grocery stores and stock a variety of fresh fruits and vegetables. **If you visit right before closing time, you are likely to get even better deals!** Some farmers' market locations accept CalFresh EBT, WIC, and Senior Famers' Market Nutrition Program vouchers! **Check out [www.bit.ly/SFfarmersmarkets](http://www.bit.ly/SFfarmersmarkets) for more information.**

## Other Resources for Children, Youth & Families

### Department of Children, Youth, and their Families (DCYF) Free Afterschool Meal

**Program:** Free snacks and dinners for youth 18 and under on a first come, first served basis. For information and sites, contact [michelle.kim@dcyf.org](mailto:michelle.kim@dcyf.org) or visit [dcyf.org](http://dcyf.org).

### The National School Breakfast and Lunch

**Program:** Provides free or reduced-cost meals to school-aged students through high school. Call (415) 749 - 3604 or visit [sfusdfood.org](http://sfusdfood.org).

### Free Summer Lunch for Kids and Teens :

Over 100 sites in San Francisco serve free summer lunch for children and youth 18 and younger, from May 31 through August 12. For sites and information, call 211 or 311 or visit [sfkids.org](http://sfkids.org) or [dcyf.org](http://dcyf.org).

### San Francisco Head Start Program:

Provides healthy meals and services to families with children up to 5 years old. To find a site near you, call (415) 405 - 0500.

# \$5.00 of

EatSFVoucher.org



# Fruits & Veggies

Use this \$5.00 fruit and vegetable guide and the tips from the Everyday Food Smarts staff at Leah's Pantry and EatFresh.org to help you budget and save.

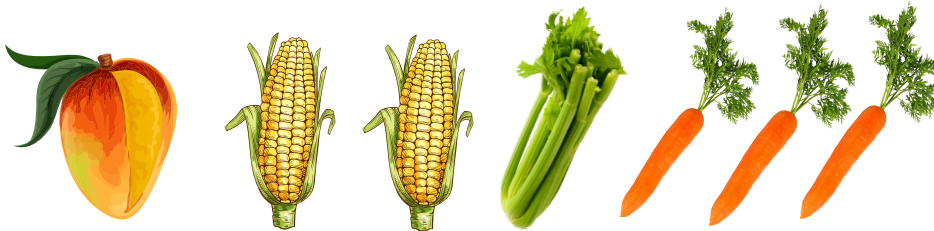
- 1) Compare the cost of pre-packaged foods and bulk items.
- 2) Ask yourself: Is this in season? How will I use this? Is this a good value for the price?
- 3) Choose frozen fruits and vegetables, especially when a food is not in season. For example, frozen strawberries will be less expensive than fresh strawberries in the winter.

**\$4.92**



4 Apples (\$3.32) and 5 Bananas (\$1.60)

**\$4.99**



1 Mango (\$1.00), 2 pieces of Corn (\$1.00), 1 bundle of Celery (\$1.99) and 3 Carrots (\$1.00)

**\$5.25**



1 Bell Pepper (\$1.00), 1 bundle of Broccoli (\$1.25), 2 Russet Potatoes (\$2.00), 2 Zucchini (\$1.00)

**\$5.66**



1 bag of Spinach (\$2.50), 1 Tomato (\$0.66), 1 Avocado (\$1.50) and 1 Red Onion (\$1.00)

Please note, food prices vary. Check your local store or farmers' market for current prices.





# Implementation of a Community Fruit and Vegetable Voucher Program in San Francisco

Akers, M., Bonini, C., Marpadga, S., Rosenmoss, S., Flores, D., Kambur, A., and Seligman, H.

UCSF, Center for Vulnerable Populations, Division of General Internal Medicine



UCSF Center for Vulnerable Populations  
Zuckerberg San Francisco General Hospital

## BACKGROUND

- 1 in 8 US households is food insecure, meaning they do not have enough money to purchase the food needed for an active, healthy life.<sup>1</sup>
- 20% of US low-income households report zero weekly purchases of fruits and vegetables.<sup>2</sup>
- Many food insecure households live in food deserts, without access to fresh fruit, vegetables, and other healthful foods.
- People who are food insecure must often cope with inadequate food budgets by shifting food purchases to less healthy foods. A pattern emerges: binge eating when food is available in anticipation of future food shortages, eating low-cost foods that are more filling, and missing meals when money runs low.
- These coping mechanisms contribute to chronic disease and decreased quality of life.
- Over 500 billion dollars are spent annually in the US for treating chronic diseases, most of which are preventable with diet and moderate exercise.<sup>3</sup>

- In 2015, Vouchers 4 Veggies launched in San Francisco as **EatSF**. EatSF is a healthy food voucher program to support fruit and vegetable (F&V) purchases in low-income households where affordability and geographic location limit access to healthy food. The model relies on multi-sector collaborations between more than 50 community-based organizations and clinics that serve as voucher distribution sites and a growing network of corner stores, supermarkets, and farmers' markets, all working together to improve food security and increase the sale of fruits and vegetables in underserved neighborhoods.

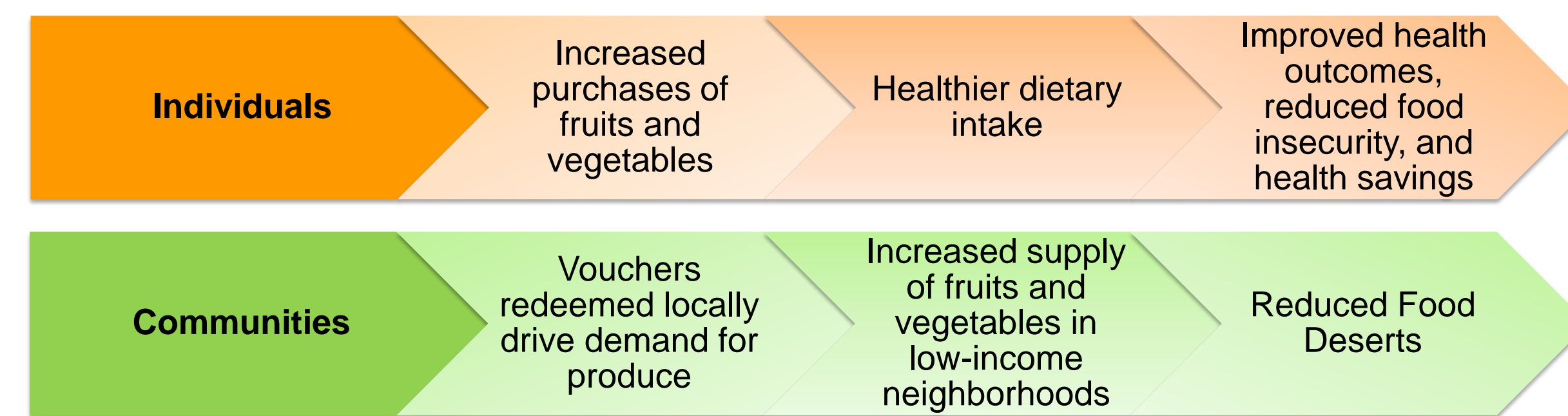
## METHODS

- RE-AIM** Framework used for program evaluation and to examine public health impact
- Data collected via:
  - Process evaluation measures
  - Pre/post participant surveys (included Household Food Security Survey Model (6-item) and validated fruit and vegetable screener)
  - Distribution site surveys
  - Key informant interviews with vendors and participants
- Program infrastructure and implementation consists of:
  - Distribution site network (community-based organizations) that receive training, identify, and enroll eligible clients for 6-12 months, and distribute time-limited fruit and vegetable vouchers
  - Vendor network (large grocery stores, farmers' markets, small corner stores) that accept vouchers and return for reimbursement
  - Vendor reimbursement system (1 voucher = \$5.00, vendors reimbursed \$5.25 per voucher)

## OBJECTIVES

- Three primary objectives:
  - Support healthy eating habits
  - Increase food security
  - Drive supply of fruits and vegetables in underserved neighborhoods

### Theory of Change



*"It makes me more health conscious and allows me to eat healthier foods and makes me want to take better care of myself."*

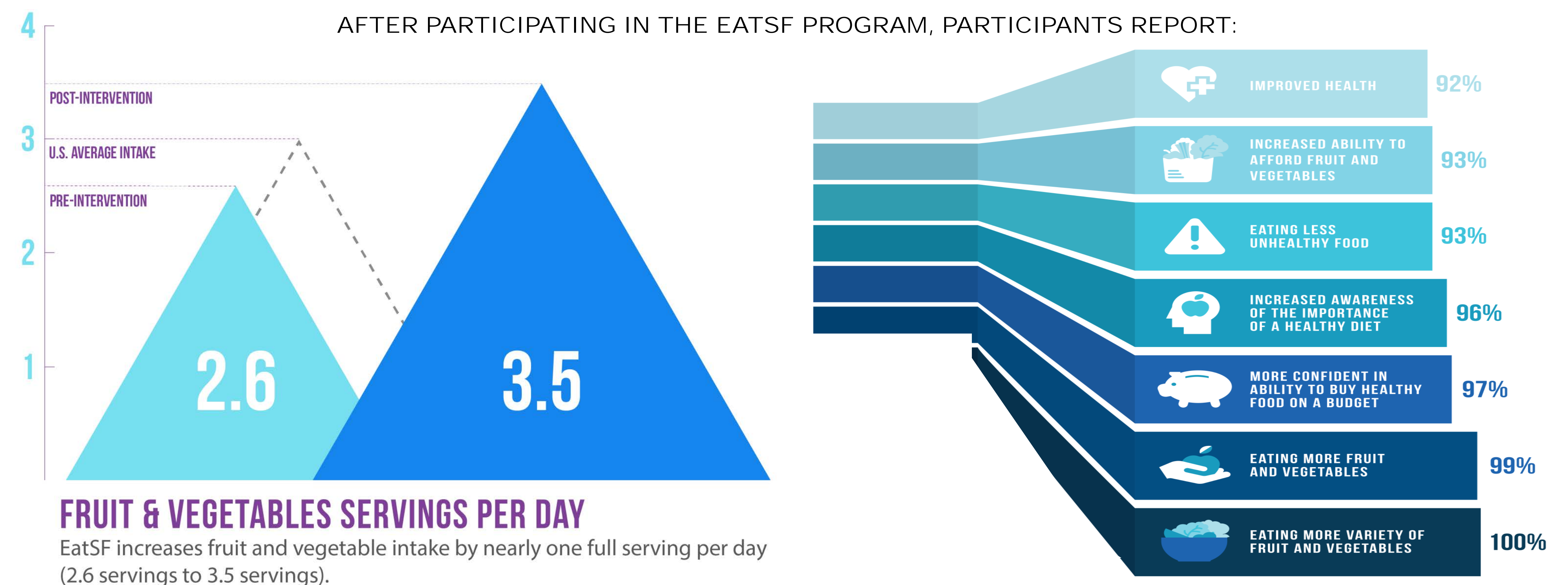
*"It helps me get to the market two times a week and keep healthy foods in my home. I eat fruit now instead of sweets."*

Demographic Characteristics of Participants	
Households	> 2700 households
Gender/Identity	53% Female 44% Male 2% Transgender
Race/Ethnicity	33% Asian 23% Black or African American 19% Hispanic
Seniors (≥ 50 years)	71%
Chronic disease diagnosis	88%
Live in extreme poverty	78%
Very low or low food security	79%
SSI/SSDI Recipients	62%
Resident of SRO Hotels	30%

## RESULTS

Since its launch in 2015, EatSF has assisted 6,000+ low-income individuals increase their fruit and vegetable consumption by an average of one serving per day, improve their ability to eat a healthy diet, and infused over three-quarters of a million dollars of produce purchases into low-income neighborhoods.

RE-AIM Framework	Distribution Sites	Vendors	Program Participants
Reach	<ul style="list-style-type: none"><li>3 neighborhoods (all 'food deserts')</li><li>57+ entry points for enrollment /voucher distribution</li></ul>	<ul style="list-style-type: none"><li>3 neighborhoods (all 'food deserts')</li><li>19 participating stores for voucher redemption</li></ul>	<ul style="list-style-type: none"><li>&gt; 2,700 unduplicated households per/year</li><li>&gt; 5,000 unduplicated individuals per/year</li><li>&gt; 80,000 healthy food vouchers distributed to participants each year</li></ul>
Effectiveness	<ul style="list-style-type: none"><li>100% EatSF is a helpful resource for clients</li></ul>	<ul style="list-style-type: none"><li>100% of corner stores in the Tenderloin seeing increased monthly profits</li><li>75% of corner stores in Tenderloin displaying more produce</li></ul>	<ul style="list-style-type: none"><li>99% increased dietary intake of F/Vs (58% increased by ½ cup+)</li><li>31% improved food security</li><li>28% stretched food budget by 1 week or more each month</li></ul>
Adoption	<ul style="list-style-type: none"><li>98% retention</li><li>40+ organizations on waitlist</li></ul>	<ul style="list-style-type: none"><li>100% retention</li><li>Stores contacting EatSF to participate</li></ul>	<ul style="list-style-type: none"><li>&gt; 90% retention</li><li>76% voucher redemption</li></ul>
Implementation	<ul style="list-style-type: none"><li>85% implementation is very easy or easy</li></ul>	<ul style="list-style-type: none"><li>100% extreme satisfaction with EatSF</li></ul>	<ul style="list-style-type: none"><li>86% very high or high satisfaction</li><li>99% believe EatSF is important for their community</li></ul>
Maintenance	<ul style="list-style-type: none"><li>Long-term post-intervention participant outcomes (fruit and vegetable intake, food security) are currently being collected and will serve to inform changes to future iterations of the program model (i.e. program length, and amount of monthly financial incentives needed to sustain long-term healthy eating habits).</li><li>Potential to serve as a national model; scalability; long-term sustainability.</li></ul>		



## REFERENCES & ACKNOWLEDGMENTS

- EatSF acknowledges its community-based partner organizations for their support in organizing and implementing the program as well as the City and County of San Francisco, Hellman Foundation, and the AARP Foundation whose support makes this program possible. Visit [www.eatsfvoucher.org](http://www.eatsfvoucher.org) for a full list of community-based partner organizations and funders.

1 USDA. (2016). Food Security Status of Households in 2016. Retrieved October of 2017 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>.

2 Blisard, W. N., Stewart, H., & Jolliffe, D. (2004). *Low-income households' expenditures on fruits and vegetables*. Washington, DC: US Department of Agriculture, Economic Research Service.

3 CDC. (2017). Chronic Disease Overview. Retrieved October of 2017 from <https://www.cdc.gov/chronicdisease/overview/index.htm>.

## SUMMARY & CONCLUSIONS

- EatSF supports economic activity in underserved neighborhoods and sustains the local food system by driving the supply of fruits and vegetables into food deserts, while at the same time reducing food insecurity and improving health.
- This healthy food voucher program model has potential for high public health impact among low-income populations and is scalable at the national level.



**Table 4.0** Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

Jurisdiction	Referendum/ Legislation and Date Enacted	Tax Rate and Estimated Annual Revenue	How Revenue will be Spent	Supervision of Spending
<b>Albany, CA</b>	<b>Measure 01</b> Enacted: 11/8/2016 Effective: TBD “immediately”	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$200,000	Revenue generated from excise tax will go to the <b>general fund</b> .	No formal panel or committee: <ul style="list-style-type: none"> <li>City Council will be required to conduct an “annual process for soliciting advisory recommendations from a variety of organizations and individuals regarding expenditure of the tax proceeds.”<sup>1</sup></li> <li>“The City's independent auditors would provide an annual report reviewing the collection, management and expenditure of tax revenues.”<sup>2</sup></li> </ul>
<b>Berkeley, CA</b>	<b>Measure D<sup>3</sup></b> Enacted: 11/4/2014 Effective: 03/01/2015	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$1.5 million	Revenue generated from excise tax will go to the <b>general fund</b> .  <b>January 2016</b> At SSBPPE recommendation, City council approved one-time allocation of \$1.5 million from General Fund to invest in grant program to address SSB consumption. 42% to Berkeley Unified School District, 42% to CBO's, and 15% to Berkeley Public Health Division management. <sup>4</sup>	Sugar-Sweetened Beverage Products Panel of Experts (SSBPPE): <ul style="list-style-type: none"> <li>Panel of 9 experts in child nutrition, public health, nutrition education, and food access. All members are appointed by City Council.</li> <li>*Must be licensed physicians.</li> </ul>

<sup>1</sup> Labadie, C. (2016). City Attorney's Impartial Analysis of Measure 01. Retrieved November 22, 2017 from <http://www.albanyca.org/Home/ShowDocument?id=28414>

<sup>2</sup> Labadie, C. (2016).

<sup>3</sup> City of Berkeley, CA. (2014). Imposing a General Tax on the Distribution of Sugar-Sweetened Beverage Products. Retrieved November 22, 2017 from <https://www.cityofberkeley.info/uploadedFiles/Clerk/Elections/Sugar%20Sweetened%20Beverage%20Tax%20-%20Full%20Text.pdf>

<sup>4</sup> Lynn, J. (2016). City Council votes to allocate 'soda tax' revenue to school district, city organizations. The Daily Californian. Retrieved November 22, 2017 from <http://www.dailycal.org/2016/01/20/city-council-votes-allocate-soda-tax-revenue-school-district-city-organizations/>

**Table 4.0** Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

			<b>November 2016</b> At SSBPPE recommendation, City council approved allocation of \$3 million from General Fund to the following over the course of two-years FY 18/19: Berkeley Unified School District, the Ecology Center, Healthy Black Families, the Multicultural Institute, the YMCA, Lifelong Medical Care, and City of Berkeley Department of Public Health. <sup>5</sup>	
<b>Oakland, CA</b>	<b>Measure HH</b> Enacted: 11/08/2016 Effective: 07/01/2017	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$7 million	Revenue generated from excise tax will go to the <b>general fund</b> .	The Advisory Board: <ul style="list-style-type: none"> <li>Panel of 9 Oakland residents including medical/dental professionals, representatives(s) from the school district, and public health professionals</li> <li>Tasked with publishing an annual report that includes recommendations on how to allocate the City's general funds to reduce the consumption of SSBs in Oakland.<sup>6</sup></li> <li>Some criticism as Mayor Schaaf plans to use revenue from soda tax to fill the city's budget deficit.<sup>7</sup></li> </ul>
<b>San Francisco, CA</b>	<b>Proposition V</b> Enacted: 11/8/2016 Effective: 01/01/2018	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$15 million		Sugary Drinks Distributor Tax Advisory Committee: <ul style="list-style-type: none"> <li>Panel of 16 members including representation from nonprofits, government, medicine/public</li> </ul>

<sup>5</sup> City of Berkeley, CA. (2017). Resolution No. 67,764 – N.S. Retrieved November 22, 2017 from [https://www.cityofberkeley.info/uploadedFiles/Health\\_Human\\_Services/Level\\_3\\_-\\_Public\\_Health/Res%2067,764-N.S.%20Allocationof3milFY18andFY19.pdf](https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/Res%2067,764-N.S.%20Allocationof3milFY18andFY19.pdf)

<sup>6</sup> City of Oakland, CA. (2016). Resolution No. 86-161 C.M.S. Retrieved November 22, 2017 from [www2.oaklandnet.com/w/OAK063795](http://www2.oaklandnet.com/w/OAK063795)

<sup>7</sup> Debolt, D. (2017). Mayor Schaaf's 'bait and switch' on soda tax... The East Bay Times. Retrieved November 22, 2017 from <http://www.eastbaytimes.com/2017/04/28/oakland-council-members-blast-mayor-schaaf-for-soda-tax-bait-and-switch/>

**Table 4.0** Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

	Revenue generated from excise tax will go to the <b>general fund</b> .			<p>health, food security experts, and community members.</p> <ul style="list-style-type: none"> <li>By March 1 of each year the committee, must submit a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health and provide recommendations for the establishment and/or funding of programs to reduce the consumption of SSBs in SF.<sup>8</sup></li> </ul>
<b>Philadelphia, PA</b>	<b>City Council<sup>9</sup></b> Enacted: 06/16/2016 Effective: 01/01/2017	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$91 million	Revenue generated from excise tax will go to the <b>general fund</b> .  Tax was promoted as a way to raise money for prekindergarten education. 49% of soda tax revenue has been allocated to pre-k programs. <sup>10</sup>	Mayor's Office will oversee spending. <ul style="list-style-type: none"> <li>American Beverage Association taking Soda Tax Lawsuit to the Pennsylvania Supreme Court.<sup>11</sup></li> </ul>
<b>Seattle, WA</b>	<b>Council Bill 118965<sup>12</sup></b> Enacted: 06/05/2017 Effective: 07/06/2017	<b>Rate:</b> 1.75-cents per/ounce for SSBs and 1-cent per/ounce for manufacturers with a worldwide gross income of more than	Revenue generated from excise tax will go to the <b>general fund</b> .  However, in the first 5 years, 20% of net proceeds will be used to fund one-time	The Sweetened Beverage Tax Community Advisory Board: <ul style="list-style-type: none"> <li>Will make recommendations on implementation and funding</li> </ul>

<sup>8</sup> City and County of San Francisco. (2017). Article XXXIII: Sugary Drinks Distributor Tax Advisory Committee. Retrieved November 22, 2017 from <http://sfgov.org/elections/sites/default/files/Documents/candidates/Sugary%20Legal%20Text.pdf>

<sup>9</sup> City of Philadelphia, PA. (2016). Bill No. 160176. Sugar-Sweetened Beverage Tax. Retrieved November 22, 2017 from <https://beta.phila.gov/media/20170209150802/CertifiedCopy16017601-1.pdf>

<sup>10</sup> Shupert, C. (2017). Soda Tax Experiment Failing in Philadelphia Amid Consumer Angst and Revenue Shortfalls. Retrieved November 22, 2017 from <https://files.taxfoundation.org/20170803101618/Tax-Foundation-FF555.pdf>

<sup>11</sup> Sasko, C. (2017). Beverage Groups Takes Soda Tax Lawsuit to PA. Supreme Court. Pennsylvania Magazine. Retrieved November 22, 2017 from <http://www.phillymag.com/news/2017/07/18/soda-tax-lawsuit-supreme-court/>

<sup>12</sup> City of Seattle. (2017). Council Bill Number: 118965. Retrieved November 22, 2017 from <http://clerk.seattle.gov/~scripts/nph-brs.exe?s3=118965&s4=&s5=&s1=&s2=&s6=&Sect4=AND&l=0&Sect2=THESON&Sect3=PLURON&Sect5=CBORY&Sect6=HITOFF&d=ORDF&p=1&u=%2F~public%2Fcbor1.htm&r=1&f=G>

**Table 4.0** Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

		<p>\$2,000,000 but less than \$5,000,000.</p> <p><b>Estimated Revenue:</b> \$15 million</p>	<p>expenditures including: the Seattle Colleges 13th Year Promise Scholarship program, job retraining and placement programs for workers adversely impacted by the tax, and funding for capital projects to construct/enhance classroom facilities for use by the Seattle Preschool Program.<sup>13</sup></p> <p>In the 6<sup>th</sup> year, all net proceeds from the tax will support:</p> <ul style="list-style-type: none"> <li>• “Expanding access to healthy and affordable food, closing the food security gap, and promoting health food choices through programs.”<sup>14</sup></li> <li>• “Evidence-based programs that improve the social, emotional, educational, physical health, and mental health for children, especially those services that seek to reduce the disparities in outcomes for children and families based on race, gender, or other socioeconomic factors and to prepare children for a strong and fair start in kindergarten.”<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Government Agencies including: Department of Education, Office of Sustainability and the Environment, and Human Services Department will submit annual reports on the implementation of services funded by the tax.</li> </ul>
<b>Boulder, CO</b>	<p><b>Measure 2H</b> Enacted: 11/08/2016 Effective: 07/01/2017</p>	<p><b>Rate:</b> 2-centsper/ounce</p> <p><b>Estimated Revenue:</b> \$3.8 million</p>	<p>Revenue collected will be used to cover the administrative costs of the tax and “thereafter for health promotion, general wellness programs and chronic disease prevention in the City of Boulder.”<sup>16</sup></p>	City Council

<sup>13</sup> City of Seattle. (2017). Council Bill Number: 118965. Retrieved November 22, 2017 from <http://clerk.seattle.gov/~scripts/nph-brs.exe?s3=118965&s4=&s5=&s1=&s2=&S6=&Sect4=AND&l=0&Sect2=THESON&Sect3=PLURON&Sect5=CBORY&Sect6=HITOFF&d=ORDF&p=1&u=%2F~public%2Fcbor1.htm&r=1&f=G>

<sup>14</sup> City of Seattle. (2017).

<sup>15</sup> City of Seattle. (2017).

<sup>16</sup> Colorado and Boulder Ballot Issues (2016). City of Boulder 2H – Tax on Distributors of Sugary Drinks. Retrieved November 22, 2017 from <http://coloradoandboulderballotissues.blogspot.com/2016/10/city-of-boulder-2h-tax-on-distributors.html>



**Table 4.0** Expanded - Sugar-Sweetened Beverage Taxes Across the United States, 2014 – 2017.

<b>Cook County, IL</b>	Board of Commissioners Enacted: 11/10/2016 Effective: 07/01/2017  <b>On October 11, 2017, the Cook County Board Repealed the Sweetened Beverage Tax Ordinance, Effective December 1, 2017.</b>	<b>Rate:</b> 1-cent per/ounce  <b>Estimated Revenue:</b> \$223.8 million	Revenue to cover the \$74.6 million deficit for FY 2017 and “address various public safety and health funding needs.” <sup>17</sup>	Board of Commissioners

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<sup>17</sup> Cook County Government, IL. (2016). Sweetened Beverage Tax. Retrieved November 22, 2017 from <https://www.cookcountyil.gov/service/sweetened-beverage-tax>